



Evaluation of the Steps to Family Child Care Success (STEPS) Program

November, 2020

*Prepared by: Sarah Garrity, Ed.D., Sascha Longstreth, Ph.D., and Mae Magyaw
Center for Excellence in Early Development (CEED)*



The Center for Excellence in Early Development

“Nurturing Early Connections”

Evaluation of the Steps to Family Child Care Success (STEPS) Program

Program Overview

The STEPS program is a collaboration between the International Rescue Committee (IRC), the YMCA Childcare Resource Service (YMCA CRS), the Horn of Africa (HOA), the Chicano Federation (CF) and the Center for Excellence in Early Development at San Diego State University (CEED). In the summer of 2018, CEED facilitated focus groups with Family Childcare (FCC) providers in City Heights, with the goal of learning more about their professional development needs, beliefs about teaching and learning, and their role in the care and education of young children. Information from these focus groups informed the development of the Steps to Family Child Care Success (STEPS) program. The purpose of this program was to implement a comprehensive effort to improve the economic self-sufficiency and strengthen the quality of care being provided by FCC providers in City Heights, with the overall goal of ensuring that children in City Heights are supported to reach their fullest potential. The grant period was from October, 1, 2019 – September 30, 2020. Sixteen providers participated in the program, and demographic information about program participants can be found in the Appendix.

To address the goals of the STEPS program, IRC provided a 12-week, comprehensive training series (12 sessions, 2-3 hours each) aimed at increasing the skills and knowledge of FCC providers in business and related topics in order to make their child care business more sustainable and profitable. The curriculum, which was informed by the providers’ needs as expressed in the focus groups, included the following topics:

- Financial literacy 101
- Business 101
- Business 102
- Child nutrition
- Marketing 101
- Marketing 012
- Contracts and compliance
- Bookkeeping

A key feature of this program was the use of **cultural navigators** hired by Horn of Africa and Chicano Federation who represented the immigrant and refugee communities served by the STEPS program. Navigators were responsible for recruiting and enrolling providers, serving as a resource in the areas of enrollment and parent relations, and acting as a liaison between providers and agencies responsible for subsidized care. They also provided a minimum of 10 one-on-one coaching sessions in order to help participants implement their business plan for expansion and access additional service provided by the IRC. As the STEPS program adapted to respond to COVID-19, the role of the navigators also shifted, as they became a vital source of social support, helped providers access resources made available in response to COVID-19, and perhaps most importantly, helped support providers when the IRC trainings became virtual. When evaluating the efficacy of the STEPS program, it is critical to consider the unique contextual factors that impacted the program as a result of COVID-19, described below.

Child Care and FCC Context Post COVID-19

Data from the California Department of Social Services indicates that from mid-March until July 31, financial losses, concerns about exposure to COVID-19, and difficulties navigating new safety regulations have forced 9,300 licensed child care providers (about 1 in 4) to close. What is especially concerning is that more than 1,200 of the closings are permanent, eliminating roughly 19,000 child-care spots across California. Most child-care businesses in the state are small, home-based operations such as the FCC providers in City Heights. Data provided by the state indicates that home-based providers have been hit particularly hard by the pandemic, and represent just over 80% of the permanent closures.

Results from a recent survey by the Center for American Progress indicates that the problem of available child-care slots will only worsen as the pandemic continues. The Center estimated that California was at risk of losing [more than half](#) of its available child-care slots, foregrounding the toll that the pandemic will take on California's families. The reduction in the number of child-care spots has tremendous implications for how quickly and how individual families and the state's economy will be able to recover from the pandemic. Importantly, the effects of the pandemic are particularly acute for women of color, such as those who participated in the STEPS program.

An additional stressor that has resulted from the pandemic is increased responsibilities related to **distance learning**. STEPS providers report that they are taking care of multiple children of all ages, which involves cooking, feeding, and the myriad responsibilities that come with caring for young children. Providers also report that they now have the responsibility of placing their own children, as well as the school age children in their care, on their tablets and laptops to begin their school day. This involves helping children to sign on, making sure the children answer when the teacher needs them to, and completing homework assignments after school. Providers feel overwhelmed, confused, and exhausted from having to add more tasks to their busy day. This is especially challenging for providers who do not speak English or have a low level of English proficiency. The lack of access to a reliable internet connection only compounds the issue further.

Program Response to COVID

Given the challenges described above, STEPS partners revised evaluation measures to reflect the context of child care during COVID-19.

Originally, program evaluation was centered on financial indicators of success (e.g., increasing provider gross income and increasing tax deductions). However, due to COVID-19, evaluation measures were revised to include the following:

1. How many providers were able to stay open? (*new outcome measure*)
2. What COVID-19 specific resources did providers access? (*new outcome measure*)
3. Develop financial literacy knowledge of U.S. banking, budgeting, and credit system (*original outcome measure*)
4. Develop skills and knowledge for strengthening their own businesses (*original outcome measure*)
5. Develop a personalized one-year FCC business development plan to further increase the revenue and quality of their FCC business (*original outcome measure*)

Program Outcomes

1. How many providers were able to stay open during the pandemic?

All 16 providers temporarily closed in March during the two-week stay at home mandate. **Fifteen providers reopened when the stay at home mandate was lifted.** Seven were from Chicano Federation (CF) and *eight* were from Horn of Africa (HOA). Out of the *eight* that were open for business from HOA, *one* provider did not have any children enrolled from the beginning through the end of the program. This provider was considered high-risk for COVID-19 and did not wish to enroll any children. She did, however, continue to participate in the program and attend trainings.

Importantly, not only were providers able to stay open, but there was an **increase in the number of children served** by STEPS providers during COVID-19. At the beginning of the STEPS program, there were 73 children enrolled; by the end of the program, there were 89 children enrolled. This represents a **22% increase in enrollment** and an **increase in income** of \$3432 for CF providers and \$11,542.15 for HOA providers.

The fact that providers enrolled in the STEPS program remained in business and increased their enrollment by over 20% is evidence of the efficacy of the STEPS model and is especially significant given the impact COVID-19 has had on the child care industry. This finding is also critical given the positive social and emotional outcomes associated with the providers' use of **continuity of care**, which is the practice of keeping children and families with the same teacher/caregiver over an extended period of time. This is especially

important given the uncertainty and stress that has resulted from the pandemic, and supports the project goal supporting children in City Heights to reach their fullest potential. **Number of providers enrolled at the beginning and end of the program.**

Providers	Beginning of Program: Number of Providers	End of Program: Number of Providers
Chicano Federation	7	7
Horn of Africa	9	9

Number of children enrolled at the beginning and end of the program.

Providers	Beginning of Program: Number of Children	End of Program: Number of Children
Chicano Federation	43	46
Horn of Africa	30	43

Chicano Federation				
Provider Initial	Beginning of Program: Number of Children	End of Program: Number of Children	Notes	Change in Income
1. NA	6	10	gained 4	+ \$3,032
2. SJ	9	16	gained 7	+ \$5,306
3. MJ	5	5	no change	Same
4. MM	1	0	lost 1	- \$678
5. AS	6	4	lost 2	-\$1,316
6. CS	8	6	lost 2	-\$1,470
7. MV	8	5	lost 3	-\$1,951
TOTAL				+ \$3432 increase

Horn of Africa				
Provider Names	Beginning of Program: Number of Children	End of Program: Number of Children	Notes	Change in Income
1. AF	3	9	gained 6	+\$5000
2. FG	4	4	no change	Same
3. AH	2	2	no change	Same
4. AM	6	5	lost 1	-\$965
5. RM	0	0	no change	Same
6. IO	3	8	gained 5	+\$4500
7. IR	5	0	closed childcare	-\$3992.85
8. AS	6	10	gained 4	+\$3500
9. RS	1	5	gained 4	+\$3500
TOTAL				+11,542.15 increase

2. What COVID 19-specific resources did providers access?

Data indicates that navigators played a critical role in helping providers access resources related to health and safety and financial resources made available in response to COVID-19. Overall, there were 30 referrals made from both CF and HOA. Eighteen referrals were made by CF and 12 referrals were made by HOA. Out of the 30 referrals made, *five* referrals (*marked with an asterisk**) were the same for both CF and HOA.

Nineteen referrals were in regard to financial assistance, *seven* referrals were in regard to assistance with COVID-19, and *four* referrals were in regard to childcare essentials. All providers received services based on referrals, however referrals were based on provider needs, therefore some referrals were not sent to every provider, as they did not fit their needs.

Chicano Federation	
Referrals	Status
1. Black Owned Business Grant	1:1 received
2. CDA Cleaning Supplies	1:1 received
3. CDA Grant Waiver	6:6 received
4. Childcare Providers Union	1:1 received
5. Diapers and Wipes *	7:7 received
6. EDIL	2:2 received
7. Facemask Distribution	1:5 received; 4:5 did not apply
8. Food Distribution	1:1 received
9. IRC Loan *	1:2 received; 1:2 did not apply
10. IRC/SPA	1:2 received; 1:2 pending
11. Rental/Mortgage Assistance *	5:7 received; 1:7 pending; 2:7 did not apply
12. San Diego Child Care Provider Grant	1:1 received
13. San Diego County Utility Assistance	1:2 received; 1:2 pending
14. San Diego Foundation Grant *	7:7 pending
15. STEPS Stipend	6:6 received
16. Thermometer *	7:7 received
17. YMCA Cleaning Supplies *	6:6 received
18. YMCA Microgrant	1:1 received
Notes: (*) referrals made by both CF and HOA number of provider based on status : total number of providers who received the referral	

Horn of Africa	
Referrals	Status
1. CPR Certification	1:1 received
2. Diapers and Wipes *	7:8 received; 1:8 did not apply
3. IRC Loans *	2:2 did not apply
4. IRC Stipend	7:7 received
5. PANA Rental Assistance	1:1 received
6. San Diego Foundation Grant *	5:7 pending; 2:7 did not apply
7. San Diego Housing Commission	1:1 did not qualify
8. Section 8 Housing	1:1 did not apply
9. Somali Family Rental Assistance	1:1 did not qualify
10. Thermometer *	8:8 received
11. YMCA Cleaning Supplies *	3:5 received; 2:5 did not apply
12. YMCA Microgrant	2:2 received
Notes: (*) referrals made by both CF and HOA number of provider based on status : total number of providers who received the referral	

3. Develop financial literacy knowledge of U.S. banking, budgeting, and credit system (original outcome measure)

Pre-post data from the training series demonstrated dramatic increases in providers' knowledge of financial literacy (e.g., of U.S. banking, budgeting, and credit system). The course on Financial Literature was focused specifically on this area. On average, across both groups, providers increased their knowledge on this topic by 47%, as demonstrated their pre-and post-evaluation scores.

4. Develop skills and knowledge for strengthening their own businesses (original outcome measure)

Pre-post data from the training series demonstrated dramatic increases in providers' knowledge and skills needed to strengthen their business. The training in which providers' knowledge increased the most dramatically were marketing 101 and 102, which could

perhaps explain their success increasing enrollment during the pandemic. Although the small sample size does not allow for statistical analysis, results from outcome measures 3 and 4 suggest the efficacy of the STEPS program in meeting the needs of the providers in this area.

Chicano Federation		
Training Topic	Advisor	% increase in average score
Marketing 101	Ana Dominguez	53 %
Marketing 102	Ana Dominguez	213 %
Food Nutrition	Elizabeth Alejos	47 %
Child Care Provider Contract	Jumana Taboub	48 %
Bookkeeping	Hayder Almodares	27 %
QRIS	Laurie Han	88 %
Computer Literacy	Gokcen Topbas	77 %
Financial Literature (Budget, Banking, Credit)	Nawfal Hussein Estaban Cruz	40%
Business 101 Business 102	Ana Dominguez Oquendo Mohamed AlAni	250%
Tax	Hayder Almodares	194%
Total Number of Participants: 6		

Horn of Africa		
Training Topic	Advisor	% increase in average score
Marketing 101	Gocken Topbas	26%
Marketing 102	Gokcen Topbas	79 %
Food Nutrition	Elizabeth Alejos	92 %
Child Care Provider Contact	Jumana Taboub	22 %
Bookkeeping	Hayder Almodares	45 %
QRIS	Laurie Han	07 %
Computer Literacy	Gocken Topbas	06 %
Financial Literature (Budget, Banking, Credit)	Nawfal Hussein Esteban Cruz	54%
Business 101 Business 102	Jumana Tahboub Irene Bwayo	166%
Tax	Hayder Almodares	42%
Total Number of Participants: 10		

Note: One provider from Chicano Federation took classes with Horn of Africa so that she could attend English-speaking classes as CF classes were only in Spanish, leading CF to only have 6 total participants while HOA had 10 total participants.

5. Develop a personalized one-year FCC business development plan to further increase the revenue and quality of their FCC business (original outcome measure)

Overall, the program was effective in increasing providers' ability to develop a personalized one-year business plan. In total, twelve of the STEPS providers (75%) completed personalized business plans. The remaining four providers are in the process of completing their business plan.

Appendix

Demographic Data

Chicano Federation		
Providers	Provider Zip Code	License Number
1. NA	92115	376100138
2. SJ	92105	376627160
3. MJ	92105	376623578
4. MM	92105	376624201
5. AS	92105	376616001
6. CS	92105	376628330
7. MV	92105	376609985

Chicano Federation				
Providers	Ethnicity	Language	English Proficiency	Number of Years in the US
1. NA	Haitian	Spanish/English/ French	Low	1.5
2. SJ	Black/African American	English/Somali	High	15
3. MJ	Hispanic	Spanish	Medium	13
4. MM	Hispanic	Spanish	High	32

5. AS	Hispanic	Spanish	Low	34
6. CS	Hispanic	English	High	45
7. MV	Hispanic	English/Spanish	Low	39

Chicano Federation			
Providers	License Capacity	Date First Obtained License	Years in Operation
1. NA	8	11/27/19	3 months
2. SJ	14	11/08/17	3 months 3 years
3. MJ	14	03/11/2013	6 years 11 months
4. MM	8	10/11/2013	6 years 4 months
5. AS	8	06/04/2004	15 years 7 months
6. CS	8	06/10/2019	7 months
7. MV	8	07/20/2000	19 years 6 months

Notes: Years in operation are based on data gathered from March 2020

Out of the *seven* providers from CF, *six* providers identified themselves as Hispanic and *one* provider identified as both Black and African American. *Three* providers primarily spoke only Spanish, *one* provider only spoke English, *two* providers were bilingual with English and a different language, and *one* provider was trilingual. Additionally, *three* providers considered themselves to have a low English proficiency level while *one* provider considered herself to have medium proficiency and *three* providers considered themselves to have a high proficiency. The number of years each provider has lived in the United States varies between one and a half years through 39 years. *Five* out of the *seven* providers from CF have a childcare capacity of eight children while the other *two* providers have a child

care capacity of 14 children. The providers for CF have also been operating between three months to almost 16 years.

Horn of Africa		
Providers	Provider Zip Code	License Number
1. AF	92115	376100142
2. FG	92105	376628230
3. AH	92113	376628437
4. AM	92105	376627231
5. RM	92105	376628157
6. IO	92105	376621308
7. IR	92105	376627466
8. AS	92105	376628439
9. RS	92105	376628496

Horn of Africa				
Providers	Ethnicity	Language	English Proficiency	Number of Years in the US
1. AF	African	Somali	High	23
2. FG	African	English/Somali	Medium	3
3. AH	Black/Somali	English/Somali	High	15
4. AM	Somali	Somali	High	20+

5. RM	African	Somali	Medium	23
6. IO	African	English/Somali	Medium	19
7. IR	African	Somali	Low	15
8. AS	African	Somali	Medium	13
9. RS	African	English/Arabic	Medium	6

Horn of Africa			
Providers	License Capacity	Date First Obtained License	Years in Operation
1. AF	8	11/2017	2 years 3 months
2. FG	8	03/25/2019	11 months
3. AH	8	11/01/2019	3 months
4. AM	14	11/30/2017	2 months
5. RM	8	04/04/2019	10 months
6. IO	8	01/07/2010	1 month
7. IR	8	07/09/2007	13 years 7 months
8. AS	8 - 14	03/17/2008	11 years 1 month
9. RS	8	01/20/2020	7 years 6 months
Notes: Years in operation are based on data gathered from March 2020			

Out of the *nine* providers from HOA, *seven* providers identified themselves as African, *one* provider identified herself as Somali, and *one* identified herself as both Black and Somali. *Five* providers primarily spoke only Somali and the *four* providers were bilingual with English and a different language. Additionally, *one* provider considered herself to have low

English proficiency, while *five* providers considered themselves to have medium proficiency, and *three* providers considered themselves to have high proficiency. The number of years each provider has lived in the United States varies between three years through 20+ years.

Seven providers from HOA have a child care capacity of eight children, while *one* provider had a child care capacity of eight children and was in the process of becoming 14, and *one* provider having 14 children. The providers of HOA have also been operating between one month to almost 14 years.

All of the providers from both CF and HOA identified themselves as female. Importantly, *all* of the providers from CF participated in the California Adult Child Program (CACFP) while contrastingly *none* of the providers from HOA participated in CACFP. Reasons given for this during focus groups was the difficulty of the paperwork required for reimbursement and that CACFP guidelines regarding food selection and preparation did not allow providers to prepare meals that reflect food choices in their cultural community. Because of these barriers to participation, providers from HOA were unable to access a resource designed to alleviate some of the costs associated with providing care to young children.