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Family Child Care (FCC) Provider Perspectives of Barriers to Obtaining Resources and Support Services for Quality Child Care Outcomes: A Qualitative Study

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Family Child Care (FCC) Provider Perspectives of Barriers to Obtaining Resources and

Support Services for Quality Child Care Outcomes: A Qualitative Study

A Dissertation by

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Submitted in partial fulfillment of the requirements for the degree of

Doctor of Education in Organizational Leadership

December 2021

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December 2021

Family Child Care (FCC) Provider Perspectives of Barriers to Obtaining Resources and

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ACKNOWLEDGEMENTS

ABSTRACT

Family Child Care (FCC) Provider Perspectives of Barriers to Obtaining Resources and

Support Services for Quality Child Care Outcomes: A Qualitative Study

by Kathleen Tostado Kenshur

Purpose: The purpose of this qualitative descriptive study was to explore family child

care (FCC) provider perspectives of barriers to obtain resources and support services for

quality FCC outcomes.

Methodology: This study used a phenomenological qualitative research method to

identify and describe barriers that hinder FCC providers from obtaining resources and

support for quality outcomes. Four open-ended and semistructured interview questions

were administered to 12 participants online via the Zoom platform. This study analyzed

data across three categories of barriers: (a) situational, (b) dispositional, and

(c) institutional. Results of analysis guided the narrative by identifying and prioritizing

themes. The population for the study included FCC providers who were sole proprietors

operating a FCC home for a minimum of 2 years in San Diego County and who were

registered members to the local FCC association.

Findings: The findings indicated that FCC providers experienced situational,

institutional, and dispositional barriers to obtain resources and support services for

quality child care outcomes. The interviews yielded 11 primary themes, 3 major

findings, and 3 unexpected findings.

Conclusion: It was concluded that FCC providers perceived many barriers to obtaining

resources and support services for quality child care outcomes, including time

management, lack of resource information, location of trainings/services, inequities based

on type of organization (in-home FCC provider versus child care center), lack of FCC

provider self-confidence, and the process to qualify for funding.

Recommendations: The researcher recommends that state and local leaders, child care

resource and referral agencies, and child care networks, increase contact and interaction

with FCCs to better understand their unique needs. This includes creating initiatives to

ensure FCC provider access and sustained maintenance of support services for quality

child care outcomes. In addition, state and local leaders must make the applications for

resources and support services more appliable to FCC providers. It is recommended that

referral agencies and child care networks offer training on the application process and

alleviate some time management issues by holding trainings closer to the FCC providers'

homes.

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CHAPTER I: INTRODUCTION

Growing demand for child care continues across the United States. In recent pre-COVID-19 times, an average of 2.61 children vied for each of the nearly 4.5 million child care slots available. Following a year of the COVID-19 pandemic, estimates suggest this number may increase to 4.1 children per slot (Jessen-Howard & Workman, 2020). The culprit for such demand is twofold: over 60% of licensed child care facilities closed within weeks of the start of the COVID-19 pandemic; and one in four providers (including in-home family child care, and child care centers) remain shuttered today (Leonhardt, 2020).

Of the facilities open, both in-home family child care (FCC) and child care centers represent viable opportunities for families. Each approach possesses strengths and weaknesses, however, and at a time when public health challenges warrant smaller gatherings and social distancing, FCC providers appear a stronger option. In-home care supports an environment with fewer numbers of children, and parents see FCC providers as affordable, accessible, and flexible (National Women's Law Center, 2020).

Many in-home FCC providers struggle to stay open, however. Challenges arise from lower enrollment (prospective clients need child care but lack funds to pay), increased costs for COVID-19 cleaning, and pressures from overdue rents and mortgages (Jessen-Howard & Workman, 2020). Many lack health insurance; and with lower annual incomes, few maintain any type of cash reserve (National Women's Law Center, 2020).

Researchers and child care advocates strive to support licensed in-home FCC providers. FCC providers are viewed as an invaluable resource, and a critical component of child care services in the United States. As such, several professional entities are

available to assist, including child care resource and referral agencies, state and federal governments, and national and nonprofit organizations (Gadhia, 2020). Initiatives focus on site visits, professional development, coaching, family/staff interactions, provisions for materials and equipment, site safety, and recruitment activities.

The problem is that most in-home FCC providers are sole proprietors of their business and possess neither the knowledge of available resources nor the support structure to access and obtain benefits (Lanigan, 2011). It is known that professional interaction and collaboration outside the home base rarely happens, and isolation often occurs (Karan, n.d.). What is not known, however, is the role specific related barriers (including situational, institutional, and dispositional) may play in FCC providers obtaining resources and services to support quality child care outcomes.

Background

Child care providers in the United States fall into three primary categories: unpaid in-home, paid in-home, and paid outside the home. Unpaid in-home care most often reflects informal arrangements between family members and close friends. Paid in-home FCC and paid outside-the-home child care centers require licensing and are regulated by the state. Paid in-home FCC providers tend to be sole proprietors of the business while outside-the-home child care centers represent multistaff organizations. All three situations include interactions among one or more caregivers, children, and parents.

Brief History of Child Care in the United States

The first child cares were established during the Industrial Revolution in the 1800s to meet the ever-growing need for poor mothers to work in the factories (Michel, 2011). Children were left for long hours in substandard environments and some mothers

even brought their young children to their hazardous workplaces (Michel, 2011). During this time, there were no child labor laws, so children of the poor were sent to work in the fields, factories, and mines.

During World War II, government-sponsored child care was created to encourage mothers to join the work force. The Lanham Act was passed in 1943 to support the war industry and to provide subsidies for high-quality, year-round child care. This was short lived ending in 1946 (The Conversation, 2016).

The Child Care and Development Grant (CCDG) was enacted in 1990 to provide uniform federal funding streams to states for child care. In understanding the importance of early learning, "Policymakers have invested in child care programs that enable parents to work and also play a crucial role in supporting children's healthy development, learning and school readiness" (First Five Years Fund, n.d., para. 3).

Today child care may look a little different across the country. Each state has its own licensing requirements and guidance, but all include health and safety regulations and child-adult ratios. Federal funding and child care initiatives still exist, but it is up to each state to decide how it disburses funding. Child care providers are now considered "essential" and a critical part of a young child's education and keeping the U.S. economy open.

Components of Child Care

Participants. Child care providers come from diverse backgrounds; some are family, friends, or neighbors and are parents themselves. Others may have been in the teaching field and now want to own their own business. All child care providers have relationships with both the parents and the children. Licensed child care providers have

knowledge of child care regulations and are offered child care educational trainings, resources, and initiatives through their local resource and referral agencies.

Parents search for child care arrangements depending on their child's needs, child care programs and locations, and their work situation and hours. Some parents look for caregivers who speak their home language or belong to their culture. Other parents may need financial assistance for child care and seek out subsidy programs.

Children in child care are usually children under the age of 5 and are referred to as infants, toddlers, and preschoolers. They attend child care usually Monday through Friday with some parents needing evening and weekend care.

Environment. Center-based child care provides supervision for infants to school age in a group setting for periods of less than 24 hours. Services are provided in a school-like setting and children are commonly grouped by age and receive care in different classrooms.

FCC providers operate with less children than child care centers, which provides "a smaller and more intimate environment" (Friedman & Saunders, 2007, p. 330). FCC, often referred to as "daycare," is offered in a child care provider's residence providing a "home like environment" with a small group setting (Murkoff & Mazel, 2014, p. 299). They are considered one of the "air traffic controllers," along with doctors, nurses, and other support persons who help guide parents in seeing the "big picture" of raising and educating their young children (Roizen & Oz, 2007, p. 299). FCC helps fill the infant care need that community child care centers cannot always accommodate (Leach, 2012).

Organizational structure. FCC providers are considered independent business owners, sole proprietors who set their own programs, hours, and fees (Parent Aware,

n.d.). Often FCC providers who are mothers themselves, choose to do in-home FCC "to supplement their family's income and to be home with their own children" (Sears, Sears, Sears, & Sears, 2003, p. 419).

Multistaff organizations like a child care center have a team, which includes a director, assistant directors, teachers, assistant teachers, cooks, and janitors. Bianca (2015) found that as part of a successful organizational structure, supervisors are available to offer support and coaching. Directors in center-based child care are able to bring training and offer mentoring to their team. This is not the case in FCC.

Desired Quality Outcome

Desired quality outcomes are defined as clear goals and outcomes that "are important for knowing where you are heading, making sure all partners are on the same page, focusing efforts on what is most crucial and measuring your impact" (Rand Corporation, n.d., para. 1). In FCC these outcomes affect the child care provider, parent, and child in the child care environment. The Rand Corporation describes a quality outcome related to changes in knowledge: "What people learn or know about a topic (e.g., developmental milestones for children)" ("What are goals and desired outcomes?" para. 4). According to the Center on the Developing Child (n.d.) at Harvard University, early childhood experiences affects the quality of brain development and future learning. The center found that for a healthy brain development it "requires stable, caring interactive relationships with adults" ("Policy Implications," para. 3).

Care providers desire quality outcomes that include improving caregiving skills, increasing knowledge of child development, and increasing health and safety in the child care environment (Copeland, 2016). Parents search for child care that best fit their

child's needs. They want a care provider who is knowledgeable of child development and will provide a safe and healthy learning environment. Caregiver turnover is a concern, so continuity of care is important. Parents want to have peace of mind knowing their child is in a loving and caring environment. In addition, parents prefer a care provider that offers a connection with their family and culture.

The child in care should feel safe in an age-appropriate learning environment. A quality child care environment is fundamental in building the child's education foundation. It should provide for social-emotional, language, and literacy development (Workman & Ullrich, 2017).

Initiatives to Support Quality Outcomes

In over 22 states there are quality rating systems that look at the FCC home environments, level of care, and early childhood education. This is called the Quality Rating and Improvement System (QRIS) with the goal of raising the level of quality care and "is designed to increase parent understanding and demand for higher quality early care and education programs" (Copeland, 2013, para. 5).

In California, there is the Child Care Initiatives Program (CCIP), which provides support to child care providers for quality outcomes. This program includes trainings on business practices, child health, and the safety and learning environment. In addition, CCIP offers support to help increase FCC licensing capacity, which means the ability to serve more infants and toddlers. Participants who complete these training programs have received incentive packages that include child care and development publications and educational toys depending on the availability of funding (YMCA, n.d.).

Source of Resources for Initiatives

Local resources and referral agencies offer a variety of child care initiatives including the CCIP program and child care stipends and grants to enhance their child care programs. These programs are funded by state and the federal government. The California Child Care Law Center is another source that offers free resources and answers legal questions pertaining to the FCC.

In partnership with First 5 California, Comprehensive Approaches to Raising Educational Standards (CARES) was started to increase and improve the quality of early childhood education programs statewide. The program provided stipends and professional training to educators who worked in the early childhood education environments including in-home FCC and center-based programs. The CARES program is now called CARES Plus, offering educational funding in 35 participating counties to educators who serve children in low-income programs.

Starting in the 1990s, the University of California Davis Extension, Center for Human Services (n.d.) offers Family Child Care at Its Best a "high-quality child development education" course series to FCC providers through local resource and referral agencies and local FCC associations throughout California (para. 1). These courses are used to help raise the FCC's provider level of education, skills, and quality of care they offer to the children and families they serve. To help attract a more diverse group of FCC providers these courses are offered in English, Spanish, Cantonese, Russian, Farsi, and Arabic. The Child Development Division of the California Department of Education funds this program. When the CARES program started, these courses were included as part of the professional educational curriculum.

State and nation child care associations and networks offer monthly child care workshops and annual educational conferences to enhance child care knowledge and skills. Some events are subsidized by the federal government.

Barriers to Access and Obtain Resources and Support

Although resources are available to help FCC providers to help reach quality outcomes, many barriers exist to obtaining support (Center for the Study of Child Care Employment, 2020). These barriers include situational, institutional, and dispositional constraints.

Situational barriers. Family care providers experience situational barriers depending on their stage of life and family situation. Some FCC providers have families of their own, and depending on the needs of their children or spouses, balancing their business and family can be a challenge to obtain resources. Many FCC providers work long hours so at the end of the day they are too tired to explore professional development, attend educational workshops, or reach out for support. A sudden illness, birth of a child, or death in the family may cause closures in an FCC's program and missed opportunities for receiving child care resources and education opportunities (Gable & Halliburton, 2003).

Institutional barriers. FCC institutional barriers include policies, procedures, or requirements that disqualify FCC providers from participating or obtaining resources or support. Available child care resources, training, or mentoring may only apply to center-based child care or FCCs that provide care for children receiving state or federal funding. FCC providers receive time-sensitive emails from child care resources and support and may not be technically savvy enough to apply or understand the application requirements.

Dispositional barriers. FCC providers are sole-proprietors and are isolated working in their own homes. FCC providers do not always have the strong self-esteem or self-worth needed to seek out resources or support. Others may feel they are not deserving or qualified to receive support for quality outcomes programs and initiatives.

Statement of the Problem

The problem is that most in-home FCC providers are sole proprietors of their business, but they have limited knowledge of available resources, and lack the support structure to access and obtain the benefits. As a self-employed individual with no additional staff, the FCC provider has little extra time, money, or manpower to pursue receiving support services (Collins, 2018).

At the start of the COVID-19 pandemic crisis, schools were closing and FCC providers were considered part of the essential infrastructure open to serve the essential work force. According to the National Women's Law Center (2020),

> Given the critical role home-based childcare providers play, the challenge they currently face, and the necessity of preserving this fundamental infrastructure during and after this crisis, it is imperative that federal, state, and local governments focus resources and supportive policies on home-based child care providers. (p. 1)

The Center for the Study of Child Care Employment (CSCCE) shared that many early childhood educators (ECE) child care providers experience systemic barriers to access and attain education and professional development. The CSCCE (2020) suggests that these barriers are "often ignored or systematically not addressed in ECE policy discussion and reform" (para. 11). State and local leaders, child care resource and

referral agencies, and child care networks will need to better understand FCC's unique needs and the barriers that they experience in obtaining resources and services to sustain their child care when creating initiatives.

Purpose Statement

The purpose of this qualitative descriptive study was to explore FCC provider perspectives of barriers to obtain resources and support services for quality FCC outcomes.

Research Questions

1. What are the situational barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

2. What are the institutional barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

3. What are the dispositional barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes?

Significance of the Problem

Child care is in crisis and child care providers are struggling to keep their doors open. CSCCE in July 2020 researched key findings that show that without more public funding support California's child care industry will collapse (Doocy, Kim, & Montoya, 2020). Ninety-nine percent of open child care centers and 78% of all open FCCs are operating with fewer children in attendance than before the pandemic (Doocy et al., 2020). In addition, the CSCCE study reported that child care providers are struggling to adhere to new guidelines and regulations with 44% of all child care providers needing additional resources on regulatory changes.

Hercules's (2018) FCC study suggested that training support for providers needs to be improved. In addition, providers want more hands-on support, which includes mentoring and coaching in the FCC provider's home.

Definitions

Child care. Child care refers to the care provided for infants, toddlers and school-age children in their home, in the home of a relative, other caregivers, or in a center-based facility.

Child care centers. Child care centers are multistaff organizations typically located in a commercial building. Supervision is provided for infants to school age in a group setting for periods less than 24 hours. Services are provided in a school-like setting and children are commonly grouped by age and receive care in different classrooms.

Daycare. Daycare refers to the care provided for infants, toddlers, and school-age children during daytime in their home, in the home of a relative or with any other caregivers.

Dispositional barriers. Dispositional barriers include low motivation, lack of or low self-esteem, and fear of failure referring to the child care provider's self-confidence.

Environment features. Environment features refers to interactions and practices in child care, for example, health, safety, and nutrition guidelines and interactions between care providers and the children in child care.

Family child care associations and networks. FCC associations and networks are professional organizations that offer support, resources, and education to FCC providers.

Family child care. Family child care is child care offered in a FCC provider's home.

Family child care provider. An FCC provider is an independent business owner who resides and operates a licensed FCC in their home.

In-home family child care. In-home FCC homes refer to a licensed facility that provides care, protection, and supervision for 14 or fewer children in the family children provider's home for less than a 24-hour period while parents or guardians are away and is either a large or a small FCC home.

Initiatives to support quality outcomes. Initiatives to support quality outcomes are services and strategies that include trainings, professional development activities, and coaching**.**

Institutional barriers. Institutional barriers are policies, procedures, or situations that systematically disadvantage certain groups of people from participation.

Large family child care. Large FCC is an in-home facility that provides care, protection, and supervision for 14 or fewer children including children under 10 years of age who reside in the child care provider's home.

Licensed child care. Licensed child care refers to local regulations a child care is required to follow in health and safety standards**.** In addition, they must have a Department of Justice (DOJ) clearance for all adults working or volunteering in the child care facility.

Outcomes. Outcomes refers to results that effect the child care provider, parent, and child in the child care environment.

Organizational structures. Organizational structures refer to how child care businesses operate; for example, a sole proprietor versus a multistaff organization.

Situational barriers. Situational barriers refer to life challenges that prevent one's participation in training or receiving child care resources and support, for example, a family illness or lack of business support.

Small family child care. Small FCC is an in-home facility that provides care, protection, and supervision for eight or fewer children including children under 10 years of age who reside in the child care provider's home.

Sources of resources for initiatives. Sources of resources for initiatives are child care resource and referral agencies, nonprofit child care associations, child care networks, and government funding.

Resource and referral agency. Resource and referral agency refers to a local child care agency that provides child care referrals to parents seeking child care for their children. They also offer child care funding and trainings for the child care provider.

Organization of the Study

Chapter II contains the review of the literature. A synthesis matrix was used to organize the variables (see Appendix A). Chapter III provided the qualitative methodology. Chapter IV presents the data and findings from the study. Chapter V identifies findings, conclusions, and recommendations for future research.

CHAPTER II: REVIEW OF THE LITERATURE

Child care providers in the United States fall into three primary categories: unpaid in-home care, paid in-home care, and paid outside the home care. Unpaid in-home care most often reflects informal arrangements between family members and close friends. Paid in-home family child care (FCC) and paid outside-the-home child care centers require licensing and are regulated by the state. Paid in-home FCC providers tend to be sole proprietors of the business and outside-the-home child care centers represent multi-staff organizations. All three situations include interactions among one or more caregivers, children, and parents.

History of Child Care in the United States

The need for child care strategies in the United States was formally recognized during the Industrial Revolution in the 1800s to meet the ever-growing need for poor mothers to work in the factories (Michel, 2011). Children were left for long periods of time in substandard environments, and some mothers even brought their young children to their hazardous workplaces (Michel, 2011). During this time, there were no child labor laws, so children of the poor were sent to work in the fields, factories, and mines.

During World War II, government-sponsored child care was created to encourage mothers to join the workforce. The Lanham Act was passed in 1943 to support the war industry and to provide subsidies for high-quality, year-round child care. This was short lived ending in 1946 (The Conversation, 2016).

Over the past years, child care has become a patchwork of options for parents, from family and friend care to in-home FCC and center-based care. During the Reagan era in the 1980s child care funding began to shift (Michel, 2011). As spending for low-

income FCC decreased, middle-to-high income family increased. After the Reagan era in the 1990s, the Child Care and Development Block Grant (CCDBG) was passed to provide funding to states for child care to assist low-income families in obtaining child care so parents could work or participate in education or training activities (EveryCRSReport, 2014). As stated in Chapter I, in understanding the importance of early learning, "Policymakers have invested in child care programs that enable parents to work and also play a crucial role in supporting children's healthy development, learning and school readiness" (First Five Years Fund, n.d., para. 3).

Subsidy child care began to vary in the early 2000s, depending on state budgets and available federal funding. According to the Administration for Children and Families (n.d.), funding is available through a "complex of funding stream and governing agencies" (p. 1). In California, parents who qualify receive subsidy funds through their local programs. These child care funds are offered with a voucher program and paid directly to the child care provider or child care center of their choice (California Department of Social Services [CDSS], n.d.-d).

In 2014, the CCDBG again was used to support low- and moderate-income families back to work and school (First Five Year Funds, n.d.). These funds were used to "expand economic opportunities" to assist states, cities, and counties in offering child care funding to low- and moderate-income families (U.S. Department of Housing and Urban Development, n.d.).

In 2020, the COVID-19 pandemic hit the United States, and child care providers became essential to help keep the economy open and combat the pandemic. The CDC provided COVID-19 guidance for child care providers to mitigate the disease. This

required them to keep group sizes smaller, practice social distancing, and utilize extensive cleaning protocols. These requirements and mitigation protocols caused financial strains, and many child care centers and FCC providers struggled to keep their doors open.

In 2021, the child care community continued to face the many challenges to operate its child care as COVID-19 continued to spread throughout the United States with no end in sight. In February, Congress passed the American Rescue Act, which included relief funding for child care centers and FCC providers. With this funding came a lengthy application process and strict qualification that could be overwhelming for the care provider to follow (U.S. Copyright Office, 2021).

Components of Child Care

Child care, inside or outside the home, reflects a complex process of interactions. Three primary components contribute to this interaction: the participants involved, the environment in which the care occurs, and the organization of the care process. Participants include care providers, parents, and the child in care. The environment entails physical, emotional, and psychological space influencing care practices. The organization represents structure and function that guides the business of providing child care.

Participants

The three primary participants in child care are the care providers, the parents, and the child in care. Care providers are described as the person who cares for infants, toddlers, and school-age children in their home, in the home of a relative, or in a center-based facility. The parents are responsible for deciding what care provider and

environment will best meet their child's and family's needs. The child is the recipient of the child care service offered by the care provider.

Care provider. Care providers come from all different demographics. According to the Office of Planning, Research and Evaluation (OPRE, 2016), the majority of care providers are 30 to 60 years of age. Some child care providers start as stay-at-home moms who later choose to open an FCC business in their home or educators looking to open a small preschool business in their residence. These care providers can operate in a small home or apartment in the city or a large home in the suburb.

Each state has its own health and safety requirements for FCC homes and child care centers. California operates under Title 22 and has specific requirements both for FCC and center-based care. FCC providers must have 16 hours of health and safety training, including certification in adult, child, and infant CPR, first aid, and an online certificate to be mandated as a child abuse reporter (CDSS, 2021).

The child care providers generate their income from fees charged to the parents for their child's care. These fees can be a daily, weekly, or monthly fee usually collected in advance. Upon signing up for care, a contract is signed between the care provider and parent describing the fee and services the child will receive. According to World Population Review (2021), the average fee charged for infant child care in the United States is $1,230 per month. These fees are used to cover child care expenses with the net profit becoming the child care provider's income.

Care providers' skills will depend largely on their prior child-caring experiences and trainings. OPRE's (2016) research showed that 61% of FCC providers had more than 10 years' experience caring for children. According to Jones's (2018) research, 40%

of FCC providers were motivated to offer care that enhances the development of the children they serve. In addition, they were looking for career paths that would help families.

     Parent. Parents of child care children's demographics vary depending on their needs. Some want care for their child so they can work or attend school. Others want their children to be socialized and around other children. Parents look for care providers who will offer a safe learning environment for their children (Carrillo, 2015).

     Child care parents want a care provider who has knowledge of child development and experience. Colker and Koralek (2018) shared that "effective early childhood educators who apply their knowledge of child development and individual children to set goals for development and learning and to plan specific strategies help children achieve these goal" (p. 8). Materson and Ginet (2018) recognized that culturally responsive care includes the family home language, cultures, and values that influence how a child is raised. Parents also want to know their child is in a loving and caring environment.

     Child in care. The characteristics of children in child care include the age of the child, special needs, home language culture, and the primary purpose of their care. Child care serves infants 6 weeks to 12 years of age who attend. Some children's home language and culture may vary. The time a child spends in child care will depend on the child care schedule and parents' need. Typically, most children attend full-day, child care programs Monday to Friday or attend part-time options.

Environment

     The environment in which child care occurs includes the physical, emotional, and psychological space impacting all activities and practices related to the child. Physical

space includes interior and exterior housing, furniture, toys, and learning manipulatives. Emotional and psychological space applies to personal interaction, language usage, and alignment of appropriate cultural connections. The ultimate goal of child care environments is to ensure the safety, health, and well-being of the children in care.

Physical set up and arrangement of furnishings is one of the most noticeable characteristics of a care provider's site. One of the safest strategies related to this characteristic is a safe "home like environment" with a small group setting (Murkoff & Mazel, 2014, p. 299). This setting includes child-size furniture with learning equipment in easy access locations.

The number of children at each care site varies, from individual to small clusters to classroom-like groups. In California, group size depends on the child care license. A small-family child care license is required for an in-home facility that provides care, protection, and supervision for eight or fewer children including children under 10 years of age who reside in the child care provider's home. A large FCC provides license care for 14 or fewer children (CDSS, n.d.-b). Child care centers are typically located in a commercial building. Supervision is provided for infants to school age in a group setting for periods less than 24 hours. Services are provided in a school-like setting, and children are commonly grouped by age and receive care in different classrooms.

Care providers use their environment to provide a balance of activities that reflects the child's development needs and promotes health and well-being (Materson & Ginet, 2018). An example includes outside activities such as running, jumping, and climbing and toys that promote large motor activities. Colker and Koralek (2018) shared that family partnerships with the child care teacher show that children learn more and feel

more confident. This may include family members sharing their skills and interests in the

child care program. Materson and Ginet (2018) explained that parents want care that

shows respect for a family's values and culture and incorporates their custom into their

child care environment. In addition, parents feel more welcome when there is

representation of their family's language, their neighborhood, and their photos (Seagal,

Bardige, Bardige, Breffni, & Woika, 2012). This also creates a more inviting home-

away-from-home environment for the child.

Type of Child Care Organization

There are different types of child care offered in California. The three main

categories, which are regulated by the state of California, include child care centers, FCC

homes, and license-exempt child care. According to the CDSS (n.d.-a),

A Child Care Center (or Day Care Center) is usually located in a commercial

building. Non-medical care and supervision is provided for infant to school age

children in a group setting for periods of less than 24 hours. . . .

A Family Child Care Home must be in the licensee's own home. A Family Child

Care Home reflects a home-like environment where non-medical care and

supervision are provided for periods of less than 24 hours.

There are Small Family Child Care Homes and Large Family Child Care

Homes.

- Small Family Child Care Homes provide care to no more than 8 children.

- Large Family Child Care Homes provide care to no more than 14 children. . . .

Licensed providers have undergone an application and review process

with Community Care Licensing and are required to comply with certain health

and safety regulations. While license-exempt care is not regulated by Community

Care Licensing, there may be other governmental agencies that monitor their

activities. (CDSS, n.d.-a, paras. 1-3)

License-exempt care can be offered by a relative or friend, a child care co-op or a

parent participation program where the parent remains on the premise. Both center-based

child care and FCC have fees for their students to participate in their programs. Some

programs offer income eligibility subsidies to cover fees and others only accept private

pay for the child's tuition and fees. License-exempt care can be offered for free, an

hourly fee paid to the care provider by the parent, or a stipend paid to the care provider

from a government funded program.

A primary issue related to the type of organization by which child care is provided

is the business structure and how the child care business operates (e.g., a sole proprietor

vs. a multistaff organization). FCC providers are sole proprietors who set their own

programs, hours, and fees (Parent Aware, n.d.). Often, FCC providers who are mothers

themselves, choose to do in-home FCC "to supplement their family's income and to be

home with their own children" (Sears et al., 2003, p. 419). Working in one's home can

be a challenge balancing the child care business and family needs.

Child care centers operate with a multistaff team, which includes a director,

assistant director, teachers, assistant teachers, cooks, and janitors. Child care directors

oversee the operation of the center. This includes setting goals, hiring staff, enrolling

students, creating budgets, and purchasing equipment (Musial, 2007). Bianca's (2015)

research found that as part of a successful organizational structure, supervisors are

available to offer support and coaching. Directors in center-based child care are able to

support their team by offering training, mentoring, and coaching. Child care centers that are franchise or corporate run may receive additional support and trainings from their parent companies. FCCs must search out their own training and mentoring resources.

Child care centers are located in buildings including schools, religious facilities, private buildings and public buildings (California Department of Education, n.d.-a). Some are part of a large child care corporation with over 100 students and others are local privately owned with smaller student capacities. California sets the licensing requirements including staffing ratios. Each location has its own staffing ratio, and the teachers per child depends on the size of the location, age of the children, and number of teachers. FCCs operate in their own home and are limited to no more than 14 children with one licensed FCC provider and an assistant provider.

Center-based child cares may offer a variety of set hours including part-time, half-day session, to all day and afterschool programs. FCC programs choose their own hours of operation. Some FCC programs are open up to 23 hours a day offering nontraditional hours to essential working parents. In center-based programs, teachers are allowed to work up to 8 hours with regular breaks and lunch times. Most of these programs have a floater teacher or a director who covers these breaks and lunch times. In the FCC program it is up to the FCC providers to figure out when they can take a break. This is usually a challenge due to all their responsibilities in caring for the children in their FCC program.

Desired Quality Outcome

Desired quality outcomes are defined as the results that affect the child care provider, parent, and child in the child care environment. When parents search for child

care, they want a care provider who is knowledgeable of child development and who will maintain a safe and healthy learning environment (CDSS, 2019). According to Colker and Koralek (2018), "High-quality programs reflect applicable standards for the children's learning, program operation, health and safety, teacher preparation, ongoing professional development and family engagement" (p. 6). In addition, parents prefer a care provider who offers a connection with their family and culture.

In California there is the Quality Rating and Improvement System (QRIS), which is a "systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs" (California Department of Education, n.d.-c, para. 1). This program is backed by the Child Care and Development Block Grant (CCBDG) funding and used by child care programs to improve the level of the child's educational outcomes.

> QRIS is a locally determined system for continuous quality improvement based on a tiered rating structure with progressively higher quality standards for each tier that provides supports and incentives for programs, teachers, and administrators to reach higher levels of quality, monitors and evaluates the impacts on child outcomes, and disseminates information to parents and the public about program quality. (California Department of Education, n.d.-b, para. 5)

Another rating system that looks at desired quality outcomes is the Desired Rating Developmental Profile (DRDP). The DRDP (2015) is an assessment instrument designed to be administered in child care settings through teacher observations, family observations, and examples of children's work. Ongoing documentation of

children's knowledge and skills in everyday environments are a recommended

practice for early childhood assessment of early infancy to kindergarten entry

(California Department of Education, 2015). Other predictors for quality outcomes

in FCC include licensing, professional support, trainings, financial support, and

provider's experience (Forry et al., 2013; Raikes et al., 2013).

Li (2019) in his research recognized that when providing high-quality, child care

practices and promoting equity, that person must not only provide resources and service

for children and families but also provide assistance to the child care provider in

obtaining support and resources. The overall goal is to enhance the tools and resources

available to early child care providers so they can be armed with the proper skill sets that

best support a healthy and growing environment for young children (Li, 2019).

Source of Resources for Initiatives

American Rescue Plan Act (ARPA) was passed March 11, 2021, to provide $39

billion in child care relief, of which $15 billion was dedicated to providing funding for

the CCDBG and $24 billion to providing child care fund stabilization. The federal

CCDBG provides funding to support quality child care outcomes (First Five Years

Funds, n.d.). This includes child care trainings. Each state must ensure that the content

of required training is relevant to FCC settings and connect the goal of training to overall

quality and improvement of practice. In addition, they must ensure that the delivery of

training is accessible to the work life of FCC providers.

Barriers to Access and Obtain Resources and Support

A child care barrier is defined as circumstances or an obstacle that keeps one from

accessing resources and support services. According to the University of Kansas Center

for Community Health and Benefits (n.d.), barriers are described "as the conditions, policies, or attitudes that prevent or make difficult the use and enjoyment of these services, amenities, practices, products, and information, as well as those personal and social hurdles that many people have to surmount in day-to-day life" ("Barriers," para. 1). Although resources are available to help FCC providers reach quality outcomes, there are barriers that exist that can keep them from obtaining the support they need (Center for the Study of Child Care Employment, 2020).

The literature identifies three general categories of barriers across personal and professional life. These categories include situational, institutional, and dispositional constraints. Situational barriers relate to limited time, space, and position that may prevent training or receiving adequate information (Gable & Halliburton, 2003). Institutional barriers reflect conditions, policies, and attitudes that present hurdles to achieving services, products, and amenities (Bairamova & Dixson, 2019). Dispositional barriers represent psychological challenges of low self-esteem or limited self-confidence that impede motivation (Collins, 2018). Following is further discussion of these types of barriers and the similarities and differences among them.

Situational

FCC providers are self-employed and work long hours. This can be a situational barrier that causes challenges to attending after-hour trainings or workshops. In addition, because of the COVID-19 pandemic guidance, providers have experienced child care closures and have been required to do extensive cleaning protocols both before and after their child care day. This created missed opportunities for child care trainings and resources (Gable & Halliburton, 2003). Li (2019) found that FCC providers are low paid

and may have the desire to receive higher education but are limited to using their income to support their own family. Bairamova and Dixson (2019) shared that "working adults are often confronted with significant barriers to participating in learning opportunities as they juggle multiple responsibilities and family obligations. When surveyed, working adults expressed concerns about transportation, family needs, and financial constraints" (para 9). These are all examples of situational barriers, and FCC providers encounter similar experiences (Li, 2019).

An FCC provider as a sole provider wears many hats, including that of cook, janitor, safety officer, record keeper, bookkeeper, marketer, and curriculum planner to name a few. They start their day by prepping for the children's arrival. This includes cooking meals and planning activities. They must walk their child care environment and make sure there are no safety hazards like uncovered electrical outlets or cleaning supplies left out before they open their door (CDSS, 2021). Upon opening their door, they must conduct a health check on each child as they arrive. They ask the parents how the child is doing to discover if they have any concerning symptoms like fevers, rashes, or congestion. This is to mitigate any contagious illness from entering their child care program. During the day, they are juggling educational activities between snacks, meals, outdoor play, and naps. At nap time, if the FCC provider cares for children under 24 months old, they must follow the new Safe Sleep regulations, which requires checking and logging every 15 min during the infant's sleep and breathing (CDSS, n.d.-c). When they finish their day, FCC providers must clean and sanitize their environment. With the COVID-19 child care guidance, FCCs have a long list of cleaning protocol to follow (Centers for Disease Control and Prevention, 2021).

In the evening and on the weekend, the FCC providers work on their calendar, budget and billing, curriculum planning, updating the child's file, and shopping for their child care program. If they need to add a new child to their program, they must set up child care interviews and tours. This includes phone calls and emails to keep their waiting list up to date.

During the child care day and after child care hours the FCC providers must balance their family life. They must oversee their family needs including their spouse's and children's activities, doctor and dentist appointments, and extracurricular activities like sports. This leaves little time for the FCC to meet her own needs and to attend educational workshops or explore obtaining resources and support services. Materson and Ginet (2018) shared that the greatest challenges FCC providers experience include balancing personal and professional life, setting aside time to take care of their health and well-being, and making time for their family. In addition, a sudden illness, birth of a child, or death in a family may cause closures in a family child care's program and missed opportunity for receiving child care resources and education (Gable & Halliburton, 2003).

Institutional

FCC institutional barriers include policies, procedures, or requirements that hinder and/or disqualify FCC providers from participating or obtaining resources or support. Bairamova and Dixson (2019) described institutional barriers as "the result of educational or employment policies and practices which prevent participation" (para. 4) For FCC, this can mean the policies to obtain child care resources, support services, training, or mentoring may only apply to center-based child care or FCCs that provide

care for children receiving state or federal funding. Pruneda-Hernandez (2020) stated child care providers "as nontraditional students; participants faced institutional structures that limited their access to [a] student support system" (p. 98). In addition, Pruneda-Hernandez concluded that "early childhood education course schedules did not seem to be structured to support working child care providers" (p. 98). Many early child development classes are offered during the day or early evening and are very difficult for FCC providers to attend.

Gable and Halliburton (2003) stated, "Findings indicate that for all provider groups, distance to training is an important barrier to obtaining relevant educational experiences" (p. 15). Child care trainings or college courses may be held in faraway locations and limited only to FCC providers who reside in a certain zip code or area. Although *distance* and *time to travel* to training are specifically situational barriers, it is the policy or practice of the educational facility that creates an institutional barrier.

Additional institutional barriers may surface because of use of technology for communication (with limited other options for FCC providers). FCC providers receive time-sensitive emails for child care resources and support services and may not be technically savvy enough to apply or understand the application requirements posted online. Some applications are not user friendly. The FCC provider may not have an adequate computer or computer program that is needed to apply for grants or follow child care initiatives.

FCC providers also suffer institutional barriers by not receiving training and coaching that applies to their specific needs. Vanover (2021) stated that "most training agencies set up their trainings to target center-based child care" (pp. 137 and 138), which

does not always apply to FCC homes. Vanover recommended that FCC providers receive field coaching on how to operate a business including how to create a budget and file taxes.

Language constraints posed by some institutions is another source of disparity and a barrier for FCC providers who speak different languages. Most licensing regulation information and forms are only in English. In 1992, California voted that licensing forms be translated into other languages. California has yet to provide the funding and provisions for this translation. A prime example is the California Family Child Care Regulations *Manual of Codes and Regulations*, which is only in English (CDSS, 2021). This 50-page manual is used to guide and regulate the FCC child care business.

Dispositional

FCC providers are sole-proprietors and are isolated working in their own homes. FCC providers do not always have the strong self-esteem or self-worth needed to seek out resources or support. Escott, Anthony, and Bayly (2021) shared how it takes a "convoy of support" to offer care providers professional growth (p. 74). As part of this convoy, they recommended a floater teacher to be provided to cover staff who are absent in the classroom while attending training and coaching. Unfortunately, FCC providers are sole proprietors and do not have staff or a team of support who can cover then to attend training. In addition, as a self-employed individual with no additional staff, the FCC provider has little extra time, money, or manpower to pursue receiving support services (Collins, 2018). Some FCC providers struggle with low motivation and lack of self-esteem (Collins, 2018). Others have a fear of failing or not qualifying for child care support or resources.

Dweck (2016) described low motivation as a "fixed mindset" that hinders a person from obtaining or achieving their goals. For FCC providers, this can mean they may have tried to apply or obtain resources and support services, have not been successful, and continue to think that they will experience the same outcome when they apply again.

Gable and Halliburton (2003) suggested "that some regulations may inadvertently undermine the goal of motivating child care providers to pursue more training and education" (p. 16). Some FCC providers struggle to take the required CPR and first aid classes and get an online certification in Child Abuse Mandated Reporter training (CDSS, n.d.-a).

Bairamova and Dixson (2019) shared that dispositional barriers "occur when the learner lacks confidence in their skills and abilities, or when they are unaware of their career options" (para. 4). FCC providers may believe that they are not deserving or not qualified to receive support for quality outcomes programs and initiatives. Some may have had a negative experience in school or at a training and perceive that they are not smart enough or too old to go on and take more classes.

FCC providers require family support, and some may have a spouse or family member who believes taking classes, college courses, or attending child care workshops are unnecessary to offer quality child care or may take away from the family needs.

Finances is an additional dispositional barrier to obtaining resources. As a self-employed individual with no additional staff, the FCC provider has little extra time, money, or manpower to pursue receiving support services (Collins, 2018). Most child development college courses and child care conferences are cost prohibitive unless the

FCC applies for grants, scholarships, and stipends to attend. For some FCC providers, this may mean taking away time and money from their family budget.

The literature showed that the institutional barrier is the greatest challenge for FCC providers. FCC providers experience time management challenges balancing their personal life and their FCC program (Materson & Ginet, 2018). Institutional barriers that include policies, procedures, or requirements add to these challenges that disqualify FCC providers from participating or obtaining resources or support for quality FCC child care outcomes.

Dispositional barriers may be the most difficult barriers to overcome if the FCC providers perceive themselves or have a negative mindset about their ability to take classes or qualify for resources and services. Dweck (2016) shared that "fixed mindsets limit achievements" (p. 67). If FCC providers have experienced negative outcomes in the past this may inhibit them from applying again for future resources or support services.

CHAPTER III: METHODOLOGY

Overview

According to Creswell and Creswell (2018), research methods or "research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis and interpretation" (p. 3). Patton (2002) described the purpose of research inquiry as a way to contribute to the knowledge. This chapter outlines the qualitative research methodology used for this study. The purpose statement provides justification for the study along with the three research questions relating to the overarching issue that was explored. In addition, the phenomenological research design, population and sample, data collection procedures, and data analysis process are presented. Finally, the chapter addresses the limitations of the study and concludes with a summary.

Purpose Statement

The purpose of this qualitative descriptive study was to explore family child care (FCC) provider perspectives of barriers to obtain resources and support services for quality FCC outcomes.

Research Questions

The following three research questions guided this research study.

1. What are the situational barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

2. What are the institutional barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

3. What are the dispositional barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes?

Interview Questions

The following four interview questions guided this research study.

1. What challenges have you experienced in obtaining resources and support services?

2. What are some of your life challenges that prevent you from participating in training or receiving resources and support services, for example, a family illness or lack of business support?

3. What are some experiences you have encountered in regard to applications, policies, and procedures in obtaining resources and support services?

4. As a sole proprietor, have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.

Table 1 shows the alignment of the three research questions to the four interview questions.

Research Design

This study used a phenomenological qualitative research method to describe and identify barriers that hinder FCC providers from obtaining resources and support for quality outcomes. According to Creswell and Creswell (2018), phenomenological research "is a qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon as described by participants in a study" (p. 249). Patton (2002) described that qualitative data findings grow out of data collection through open-ended interviews and probes that "yield in-depth responses about people's experience, perceptions, opinions, feelings, and knowledge" (p. 5).

Table 1

Alignment of Research Questions to Interview Questions

Research questions	Interview questions	Interview questions references
1. What are the situational barriers that hinder family child care providers from obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 2. What are some of your life challenges that prevent you from participating in trainings or receiving resources and support service; for example, a family illness or lack of business serves?	Q1. According to the University of Kansas Center for Community Health and Benefits (n.d.), barriers are described "as the conditions, policies, or attitudes that prevent or make difficult the use and enjoyment of these services, amenities, practices, products, and information, as well as those personal and social hurdles that many people have to surmount in day-to-day life" ("Barriers," para. 1).
2. What are the institutional barriers that hinder family child care providers obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 3. What are some experiences you have encountered in regard to application, policies and procedures in obtaining resources and support services?	Q2. A sudden illness, birth of a child, or death in a family may cause closures in an FCC's program and missed opportunity for receiving child care resources and education (Gable & Halliburton, 2003). Q3. Vanover (2021) stated that "most training agencies set up their trainings to target center-based childcare" (pp. 137 & 138), which does not always apply to FCC homes.
3. What are the dispositional barriers that hinder family child care providers obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 4. As a sole proprietor have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.	Q4. As a self-employed individual with no additional staff, the FCC provider has little, extra time, money or manpower to pursue receiving support services (Collins, 2018). Some FCC providers struggle with low motivation and lack of self-esteem (Collins, 2018).

Population

McMillan and Schumacher (2010) described population as "a group of elements or cases, whether individuals, objects, or events, that conform to specific criteria and to which we intend to generalize the results of the research" (p. 129). The population for this study was FCC providers who have received resources and services for quality child care outcomes. A list of 100 FCC providers was given to the researcher by the FCC organization.

Target Population

This study focused on sole proprietors because of limited research. The target population was FCC providers in San Diego County who are sole proprietors operating a FCC home for a minimum of 2 years in San Diego County and who are registered members to the local FCC association.

Sample

A sample is a group of participants from whom data are collected for research (McMillan & Schumacher, 2010). Sampling is used when the researcher chooses participants who are representative of the broad topic and who have relevant information regarding the topic of interest (McMillan & Schumacher, 2010; Patten, 2012).

This study used nonprobability sampling in which research was conducted using "subjects that happen to be accessible or who may represent certain types of characteristics" (McMillan & Schumacher, 2010, p. 136). In this phenomenological study, a list of FCC providers was given to the researcher by an FCC organization. Convenience sampling is when "a group of subjects is selected on the basis of being accessible or expedient" (McMillan & Schumacher, 2010, p. 137). This is due in part to

the availability and accessibility to the FCC provider population of the FCC organizations in San Diego County. Creswell and Creswell (2018) shared that a convince sample is often used in qualitative research.

Prospective participants were identified by a current list of registered members of the San Diego County Family Child Care Association:

1. Participants were sole proprietors operating a licensed FCC home in San Diego County for a minimum of 2 years.

2. Participants had experienced challenges in accessing and obtaining resources and services for quality child care outcomes.

3. Participants completed a voluntary consent form to participate in the research study.

Sample Selection Process

With the assistance the San Diego County Family Child Care Association, 12 participants were chosen. The researcher selected a small sample group for this study to ensure the opportunity to conduct in-depth, information-rich interviews with participants. Creswell and Creswell (2018) recommended a range of three to 10 participants for a phenomenological study. The San Diego County Family Child Care Association has a membership list of approximately 100 members, which would provide backup participants if the selected participants were not available to participate. Patton (2002) recommended "that a qualitative sampling design specify minimum samples based on expected reasonable coverage of the phenomenon given the study and stakeholders interests" (p. 246).

The representatives of the San Diego County Family Child Care organization were given a selection criteria checklist. The checklist was used to identify and acquire

participants' emails. The researcher met with the child care association representative via

Zoom telecommunication to explain the purpose of the study and to clarify the

participants needed. The representative selected participants following the selection

criteria.

<div align="center">**Instrumentation**</div>

Reliability

In establishing valid and reliable comparisons, McMillian and Schumacher (2010)

examined the understanding of "stability, equivalence and stability, internal consistency

and agreement" (p. 180). In this study, in working with FCC providers, it was important

to be in agreement that the participants have a clear understanding of the interview

language and comprehend the instructions. An introduction email and an informed

consent form was sent in advance to the participants explaining the research process

(Appendices B and C). The researcher used doctoral committee members who were

considered experts in qualitative research studies and interviewing to validate the

research questions.

Validity

Creswell and Creswell (2018) described validity "in qualitative research as

procedures (e.g., member checking, triangulating data sources) that qualitative

researchers use to demonstrate the accuracy of their findings and convince readers of

accuracy" (p. 251). Field testing of the instrument (the interview questions) was used to

validate the content and improve the interview questions. Patton (2002) described that

the purpose of interviewing is to understand the other person's perspective with "the

assumption that the perspective is meaningful, knowledgeable, and able to be more

explicit" (p. 341). The research interviews were used in this study to gather data on the FCC's provider perspective of challenges in obtaining resources and support services. The researcher used the Otter app to increase validity by transcribing the interviews recording into files that the statistician easily used to code.

Field Testing

According to Bagdady (2020) a field test is a primary tryout of the proposed instrument and is performed ahead of time to validate the instrument. To field test a qualitative instrument, the researcher selects three to five individuals "who have expert knowledge about the population and research topic to provide feedback on appropriateness of the questions being asked and how the questions are being asked in relation to the study focus and the proposed sample" (University of Phoenix, 2015, para. 4).

Prior to the field testing, the subjects were provided the interview questions and feedback questions (Appendix D). The two interviewers were experienced FCC providers with extensive knowledge of the FCC field and the research topic. A third-party observer with a doctoral degree and experience in qualitative data collection was contacted by phone and requested to assist with the field study and was given observation reflection feedback questions for the interview process (Appendix E). The observer and the field-test interviewee provided feedback on the research interview questions appropriateness and clarity. The feedback was used by the researcher to facilitate the final instrument revision.

Data Collection

When looking at data collection procedures Creswell and Creswell (2018) described that the "idea behind qualitative research is to purposely select participants or sites that will best help the researcher understand the problem and the research problem" (p. 185). In addition, Creswell and Creswell recommended for qualitative interviews that the researcher should use a small amount of open-ended questions to better solicit the participant's views. For this study, the researcher used the interview protocol, which included four open-ended and semi structured interview questions (see Appendix F) to explore the FCC provider perspective of barriers or challenges that that hinder FCC providers from obtaining resources and support for quality child care outcomes. Creswell and Creswell (2018) shared that phenomenological research "culminates in the essence of the experiences of several individuals who have all experienced the phenomenon" (p. 13).

The participants' interviews were scheduled in the eveninigs after FCC provider's work hours via a phone call and confirmed by email. The 30-min, one-on-one interview sessions were conducted via Zoom online platform and audio recorded to obtain accurate transcripts with the Otter app. Following the interview, the participants were provided a copy of their interview to review for accurucy.

A second laptop, a cell phone, and a speaker phone were available as backup in case there were any computer or internet issues that could potentially interrupt the interview process. Through a recent communication with the San Diego County Family Care Association board, email and Zoom were found to be the preferred mode of communication used in child care organizations with FCC provider members (Appendix G). This was less costly and usually generated a higher participant response.

Data Analysis

Patton (2002) described a phenomenological approach as "a focus on exploring how humans make sense of experience and transform experience into consciousness" (p. 104). The research questions focused on the barriers of FCC providers' experiences to receive services and resources for quality child care outcomes. The results of this study analyzed the different barriers: (a) situational, (b) dispositional, and (c) institutional.

Upon the completion of the transcriptions, each of the 12 interview participants was assigned a participant number. The interview transcripts were uploaded into a file and sent to the statistician who specializes in qualitative research, for coding of themes and patterns. The statistician used an Excel spread sheet to process the themes and notes. After the data were coded, a thematic analysis was conducted in order to identify themes and frequencies in the data. This consisted of coding the participants' quotes into themes (Patton, 2002). Data coding was validated by the researcher to ensure consistency of coding to establish reliability (Patton, 2015).

Intercoder Reliability

Intercoder reliability is described as "two or more coders agree on codes used for the same passage in the text" (Creswell & Creswell, 2018, p. 248). According to MacPhail, Khoza, Abler, and Ranganathan (2015), "Assessing the reliability of the coding helps establish the credibility of qualitative findings" (para. 1). This study used two researchers to code the same body of content to established consistency and reliability.

Limitations

A limitation of this study was the use of San Diego County FCC providers to define provider perspectives of barriers to obtain resources and support services for quality FCC outcomes. Future studies may include other county and state FCC associations such as the California Family Child Care Network.

Another limitation was possible bias on the part of the researcher as to what defines quality outcomes in FCCs as they relate to barriers in receiving services and resources. Not having access to the participants' email addresses could be another possible limitation, which would challenge the necessary sample size.

Summary

This chapter reviewed the purpose of this study and provided an overview of the qualitative methodology. It presented the research design, research questions, and the population and sample used for data collection. Chapter IV presents the data and findings from the study. Chapter V identifies findings, conclusions, and recommendations for future research.

CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

Overview

As a qualitative phenomenological study, this research explored the human experiences of 12 family child care (FCC) providers to identify barriers that hinder obtaining resources and support services for quality child care outcomes. Data collection occurred through interview sessions conducted online. Data analysis was organized on four primary interview questions, which were developed to probe situational, institutional, and dispositional barriers (as represented by the research questions). Table 1 (repeated for ease of reference) shows alignment of the four interview questions to the three research questions.

Chapter IV presents a restatement of the purpose of this study, the three research questions, and the four interview questions as well as a description of the research methodology and data collection. The study population, target population, and sample used are also described. Finally, Chapter IV presents analysis of data by interview question and concludes with an overall summary of the chapter.

Purpose Statement

The purpose of this qualitative descriptive study was to explore FCC provider perspectives of barriers to obtain resources and support services for quality FCC outcomes.

Research Questions

1. What are the situational barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

Table 1

Alignment of Research Questions to Interview Questions

Research questions	Interview questions	Interview questions references
1. What are the situational barriers that hinder family child care providers from obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 2. What are some of your life challenges that prevent you from participating in training or receiving resources and support services, for example, a family illness or lack of business serves?	Q1. According to the University of Kansas Center for Community Health and Benefits (n.d.), barriers are described "as the conditions, policies, or attitudes that prevent or make difficult the use and enjoyment of these services, amenities, practices, products, and information, as well as those personal and social hurdles that many people have to surmount in day-to-day life" ("Barriers," para. 1).
2. What are the institutional barriers that hinder family child care providers obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 3. What are some experiences you have encountered in regard to applications, policies, and procedures in obtaining resources and support services?	Q 2. A sudden illness, birth of a child, or death in a family may cause closures in a family child care's program and missed opportunity for receiving child care resources and education (Gable & Halliburton, 2003). Q 3. Vanover (2021) stated that "most training agencies set up their trainings to target center-based childcare" (pp. 137 & 138), which does not always apply to family child care homes.
3. What are the dispositional barriers that hinder family child care providers obtaining resources and support services for quality child care outcomes?	1. What challenges have you experienced in obtaining resources and support services? 4. As a sole proprietor, have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.	Q 4. As a self-employed individual with no additional staff, the family child care provider has little, extra time, money, or manpower to pursue receiving support services (Collins, 2018). Some family child care providers struggle with low motivation and lack of self-esteem (Collins, 2018).

2. What are the institutional barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

3. What are the dispositional barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes?

Interview Questions

The following four interview questions guided this research study.

1. What challenges have you experienced in obtaining resources and support services?

2. What are some of your life challenges that prevent you from participating in training or receiving resources and support services, for example, a family illness or lack of business support?

3. What are some experiences you have encountered in regard to applications, policies, and procedures in obtaining resources and support services?

4. As a sole proprietor, have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.

Research Methodology and Data Collection Procedures

Creswell and Creswell (2018) described the phenomenological research methodology as "a qualitative strategy in which the researcher identifies the essences of human experiences about a phenomenon as described by participants in the study" (p. 249). In this study, the researcher focused on the barrier FCC providers' experience to receive resources for quality child care outcomes. The researcher used the interview protocol, which included four open-ended questions (see Appendix F) to explore the FCC providers' perspectives of barriers or challenges that hinder them from obtaining resources and support for quality child care outcomes.

The FCC research participants who agreed to be part of the study were emailed the informational letter (Appendix B) and were contacted by phone to schedule their interviews. Upon scheduling the interviews, the participant was emailed the UMass Global participant informed consent form (Appendix C) and the Research Participant's Bill of Rights (Appendix J).

Prior to starting the dissertation process, the researcher completed the National Institutes of Health (NIH) online course on protecting human research participants (Appendix I). Before beginning the data collection process, the researcher applied for and received the UMass Global University Institutional Review Board (IRB; Appendix H) approval. The IRB is a federally mandated committee that reviews all research involving human subjects. The researcher followed and adhered to the university guidance to protect the participants' confidentiality.

The research data collection was conducted through one-on-one interviews via the Zoom online platform. The researcher took notes and used the Otter app to record and transcibe the interviews providing the participants with a copy of their interview to review for accurucy.

Interrater Reliability

Intercoder reliability is described as "two or more coders agree on codes used for the same passage in the text" (Creswell & Creswell, 2018, p. 248). The researcher established reliability by developing an interview instrument. During the interview process, the researcher read the question script to each participant. A research data expert in qualitative data from Knight Consulting, San Diego, conducted the data analysis

inputting the primary themes and nodes into an Excel spreadsheet. The researcher met

with the research data expert to review and compare the analysis findings.

Population

McMillan and Schumacher (2010) described a population as "a group of elements

or cases, whether individuals, objects, or events, that conform to specific criteria and to

which we intend to generalize the results of the research" (p. 129). The population of this

study consisted of FCC providers who had received resources and support services for

quality child care outcomes. A list of 100 FCC providers was given to the researcher by

an FCC organization.

Sample

This study used nonprobability sampling in which research was conducted using

"subjects that happen to be accessible or who may represent certain types of

characteristics" (McMillan & Schumacher, 2010, p. 136). The sample population was a

convenience sampling of 12 FCC providers who were registered members of the San

Diego County Family Child Care Association and had received resources and support

services for quality child care outcomes. Convenience sampling is when "a group of

subjects is selected on the basis of being accessible or expedient" (McMillan &

Schumacher, 2010, p. 137). This is due in part to the availability and accessibility to the

FCC provider population of the FCC organizations in San Diego County. Creswell and

Creswell (2018) noted that a convenience sample is often used in qualitative research.

Participants were identified by a current list of registered members of the San Diego

County Family Child Care Association. The researcher contacted the FCC provider

participants by phone prior to conducting the research interviews to confirm that they met the following three criteria:

1. Participants were sole proprietors operating a licensed FCC home in San Diego County for a minimum of 2 years.

2. Participants had experienced challenges in accessing and obtaining resources and services for quality child care outcomes.

3. Participants completed a voluntary consent form to participate in the research study.

Presentation and Analysis of Data

Creswell and Creswell (2018) decribed qualitative data analysis as a procedure that "involves segmenting and taking apart the data (like peeling back the layers of an onion)" (p. 190). The data analysis began during the Zoom interview. The researcher took notes using the Otter app to record and transcibe the interviews to obtain emerging themes from the particpants' responses. The participants' interviews were scheduled via a phone call and confirmed by email. The 12 interviews were held during the week of October 24, 2021, with the majority of the interviews held in the evening averaging 20 min each, with a range of 15–25 min. There were two participants who spoke Spanish, and English was their second language so their interviews took a few minutes longer. Open-ended interview questions were used. An example is Q1, "What challenges have you experienced in obtaining resources and support services*?"* According to Patton (2002), "The purpose of gathering opening response to open-ended questions is to enable the researcher to understand and capture the point of view of other people without predetermining those points of view through prior selections of questionnaire categories" (p. 21). In addition, semistructured questions were used; an example would be Q2,

"What are some of your life challenges that prevent you from participating in training or receiving resources and support services, for example, a family illness or lack of business support?"

Demographic Data

A demographic suvey was conducted with the 12 participants. Three questions were asked including the age of the participant, the years as a child care provider, and the number of children served in their child care program (see Figures 1, 2, and 3).

In Figure 1, nearly one half of the respondents are age 56 years and older. Suprisingly, no respondents are between the ages of 21 and 35 years. During the interview process, one particpant shared she was an octarian. In Figure 2, half of the participants had been a child care provider for more than 26 years, and no FCC providers had been in business less than 5 years.

Select your age group.

■ 21 - 35 ■ 36 - 45 ■ 46 - 55 ■ 56 and older
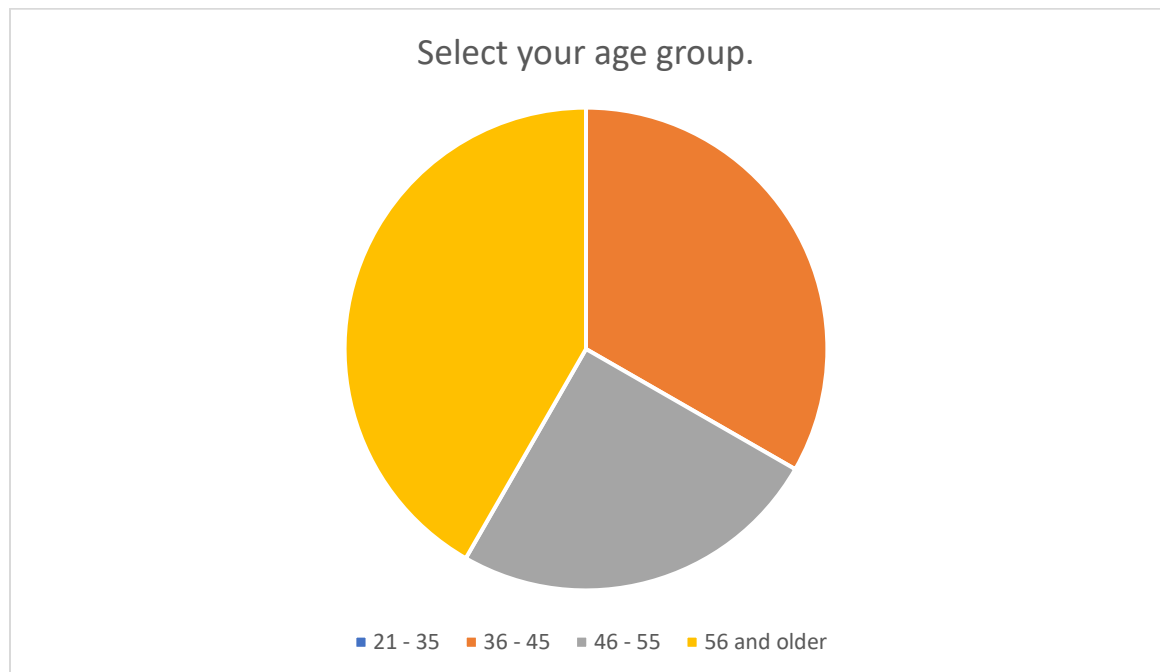
Figure 1. Age of participants.
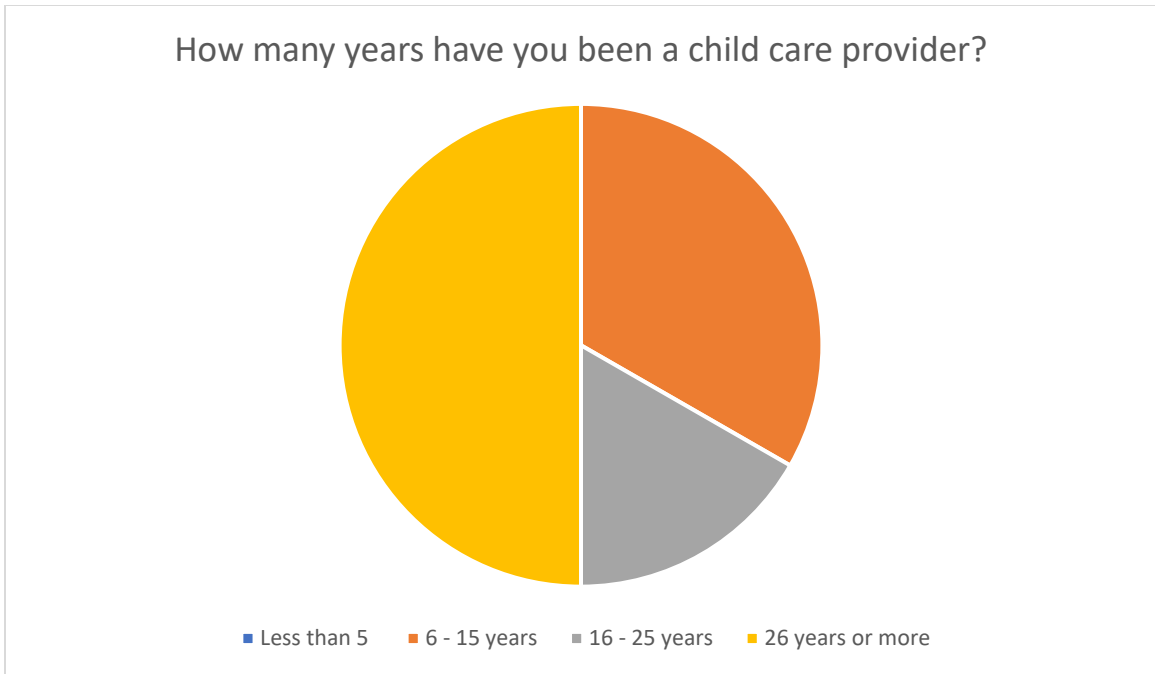
Figure 2. Participants' years as a child care provider.
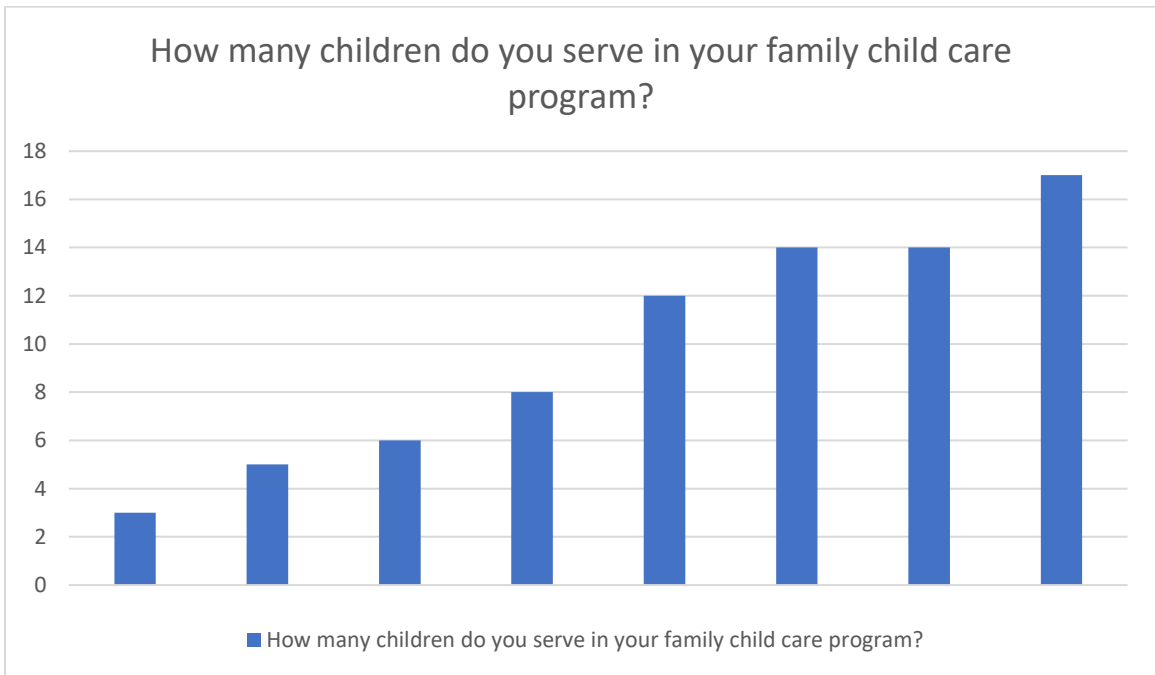
Figure 3. Children served in the particpants' family child care progam.

In Figure 3, all 12 particpants reponded that they currently have children in their FCC program. A range of three to 17 children are represented in each FCC program with an average of five children overall.

<div align="center">**Data by Interview Questions**</div>

Data presentation and data analysis in this study are organized on four primary interview questions. These questions were developed to explore FCC perspectives of situational, institutional, and dispositional barriers to obtaining resources and support services for quality child care outcomes. Situational barriers are obstacles that relate directly and personally to an individual. Institutional barriers may include policies, procedures, or mandates that limit engagement. Dispositional barriers tend to be mental and psychological in nature.

Upon completion of the review and analysis of the data, the coding process uncovered multiple themes within the identified barrier categories, including the following: limited time for personal growth (situational), low motivation related to process of qualifying for funds (dispositional and institutional), closures due to COVID (institutional), and lack of information regarding training (situational). Themes are defined by ideas mentioned by more than one participant. Expanded discussion of review and analysis of data continues in the next sections.

Interview Question 1

What challenges have you experienced in obtaining resources and support services?

In Figure 4 and Table 2, the six themes that emerged were deadlines/communication, lack of information, location of training/services, none,

qualification process, and time management. All 12 participants responded to Interview

Question 1. Four of the 12 participants responded they experienced challenges with the

lack of information and three responded that they experienced challenges with the

qualification process to obtain resources and support services.
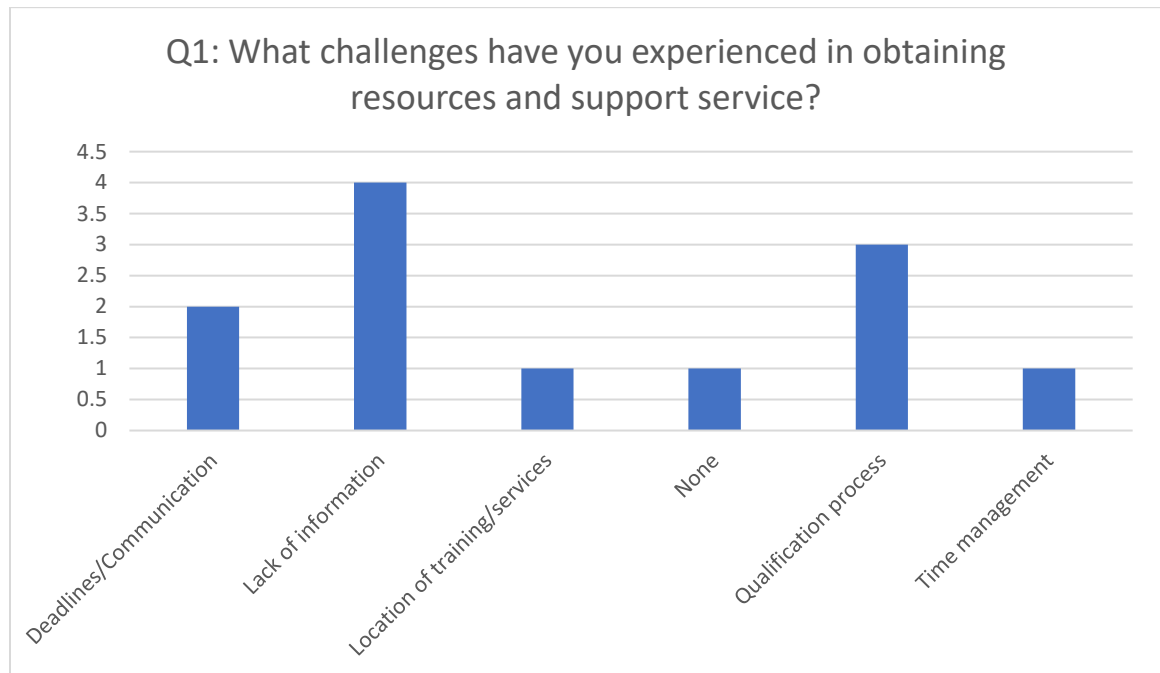
Figure 4. Challenges experienced in obtaining resources and support services.

Table 2

Response for Interview Question 1

Response	Frequency of response
Deadlines/communication	2
Lack of information	4
Location of training/services	1
None	1
Qualification process	3
Time management	1

Participant 4 expressed the theme of time management challenges. She shared,

You have to manage all the paperwork. You have to manage all the grocery. You have to manage the debt system that you have. And you have to manage all the information we have to receive every month and find the time to read all that information.

Participant 10 shared,

I would say that one of the challenges getting resources was knowing that they were out there, so it was hard to get the information. . . . There was a lot of resources that I wasn't aware that were out there until I talked to maybe another provider that was having the same problems or it just was not very user friendly as far as getting the information that we would need for supplies or funding.

During COVID, one participant shared,

Immediately it was like you felt all your clients left and like there was no one there to kind of guide you as to what we should be doing. It was just such a like an overnight thing. And then even long time afterwards, it was kind of unclear what was going on in child care.

Participant 11 shared her licensing and time management challenges. She responded,

I'm getting a lot of the emails from licensing; sometimes it's a little difficult to understand what they're asking you to do. I guess it's just kind of finding the time to read through it in details and trying to understand it in a simpler way.

Participant 4 expressed time management challenges although she shared that she was the only one that mentioned this for Interview Question 1. She shared,

You have to manage all the paperwork. You have to manage all the grocery. You have to manage the debt system that you have. And you have to manage all the information we have to receive every month and find the time to read all that information.

Interview Question 2

What are some of your life challenges that prevent you from participating in training or receiving resources and support services, for example, a family illness or lack of business support?

In Figure 5 and Table 3, the two primary themes that emerged were locations of training/services and time management. The theme of time management had the highest count with six participants expressing challenges with finding time to attend training, and two participants expressing challenges with the travel time it takes to get to training locations and services agencies and then balancing the FCC program with their own family life.

Participant 2 shared her life challenges of not having qualified support to attend trainings, distance to the training location, and the time to leave her FCC business. She responded,

I didn't have a substitute or something like that, but for me, it would be location and lack of affordable substitute care so I could go attend trainings and be away from my business; sometimes there would be meetings I would have liked to have attended but they were in the middle of the day, so that wasn't possible.

Q2: What are some of your life challenges that prevent you from participating in training or receiving resources and support services; for example, a family illness or lack of business support?
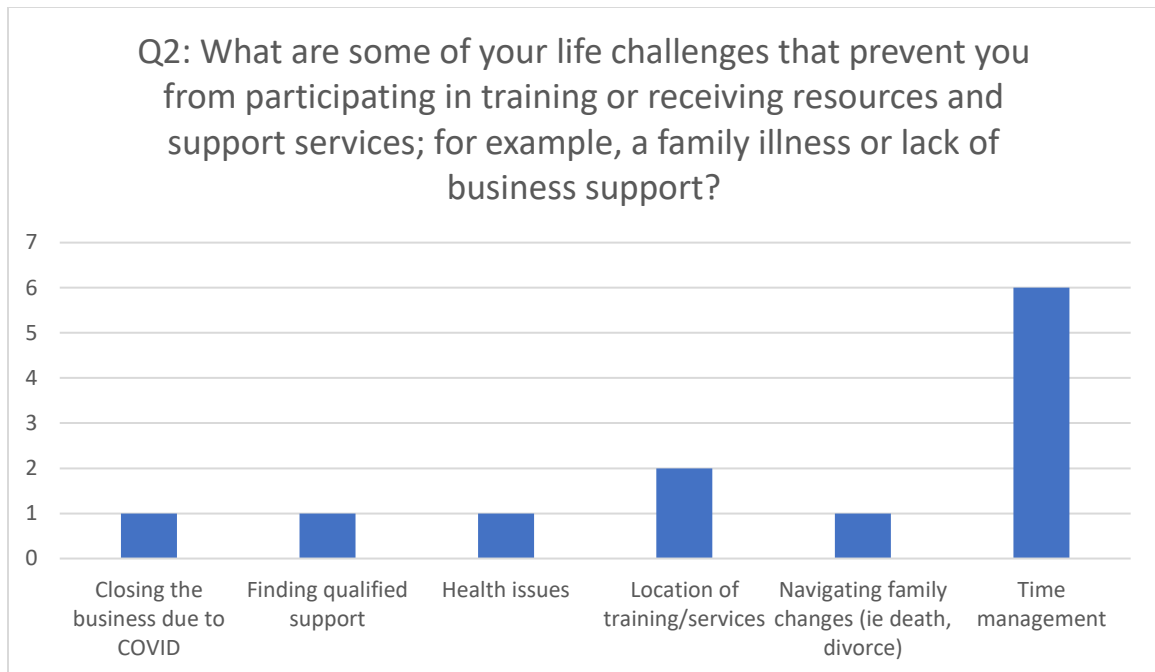
Figure 5. Life challenges that prevent participants from participating in training or receiving resources and support services.

Table 3

Response for Interview Question 2

Response	Frequency of response
Closing the business due to COVID	1
Finding qualified support	1
Health issues	1
Location of training/services	2
Navigating family changes (i.e., death and divorce)	1
Time management	6

Participant 5 experienced time and distance challenges to get to trainings. She responded,

Oh, my! What I have gone through right now and in this past year, a lot of health issues, so that's a big halt on me doing everything that I know that I want to do and everything that I can do.

She explained,

>Most of the child care support groups are there in San Diego, so it was a little
>
>harder for me to say, you know, to travel all the way to San Diego, you know,
>
>twice a week or three times a month.

San Diego is 40 miles from her FCC program. In addition, Participant 5 stated,

>I did try my hardest to make sure that I was getting into those trainings, but a lot
>
>of the times the trainings were at 6:30 p.m., I close at 5, and it was almost 2 hours
>
>and a half of traveling.

FCC providers already work long hours, and this was 2.5 hours just one way to attend an
FCC training.

>Participant 9 experienced challenges with her own children and with her extended

family. Although she was the only individual to comment on this, and it was not a
primary theme, she responded emphatically,

>I had a couple of my children who needed extra assistance with their schooling
>
>because they struggled with the curriculum and under their own comprehension of
>
>things that I had to be more available for them to get their services which they
>
>needed from their schools.

In addition, she struggled with illness and family deaths. She stated, "Family
demographic changes have been a barrier or challenge." The participant was asked to
expand on the demographic changes:

>Well, going through moves while doing child care, I also had to go through a
>
>divorce, so it was, you know, children having to get used to going through

changes during a divorce and then still operating the child care and then also

trying to keep that consistency with my clients.

Participant 10 also experienced time challenges to attend FCC workshops. She

responded, "Okay, so mostly just having three kids of my own, I don't have the time."

She expressed concern about training times, especially ones held on weekends: "I'm

going to be missing my kids' sporting activities, and it's just really complicated. I mean,

I wish I could just take a day off to do some other things but that's tricky." She was also

concerned about licensing coming for FCC inspections if she left to attend trainings

during her workday.

Interview Question 3

What are some experiences you have encountered in regard to applications,

policies, and procedures in obtaining resources and support services?

In Figure 6 and Table 4, the three primary themes that emerged were

deadlines/lack of communication, lack of advance education, none, proof of

licensing/permits, and type of child care centers. Four of the 12 participants responded to

the theme of type of child care center impacted their ability to apply and obtain resources

and services. One responded that she did not have any issues because of her area, North

County San Diego, which consistently provides several free resources. Three of the 12

responded to the theme of deadlines/lack of communication of resource and support

service information was a challenge and was also a common theme in Interview Question

1.
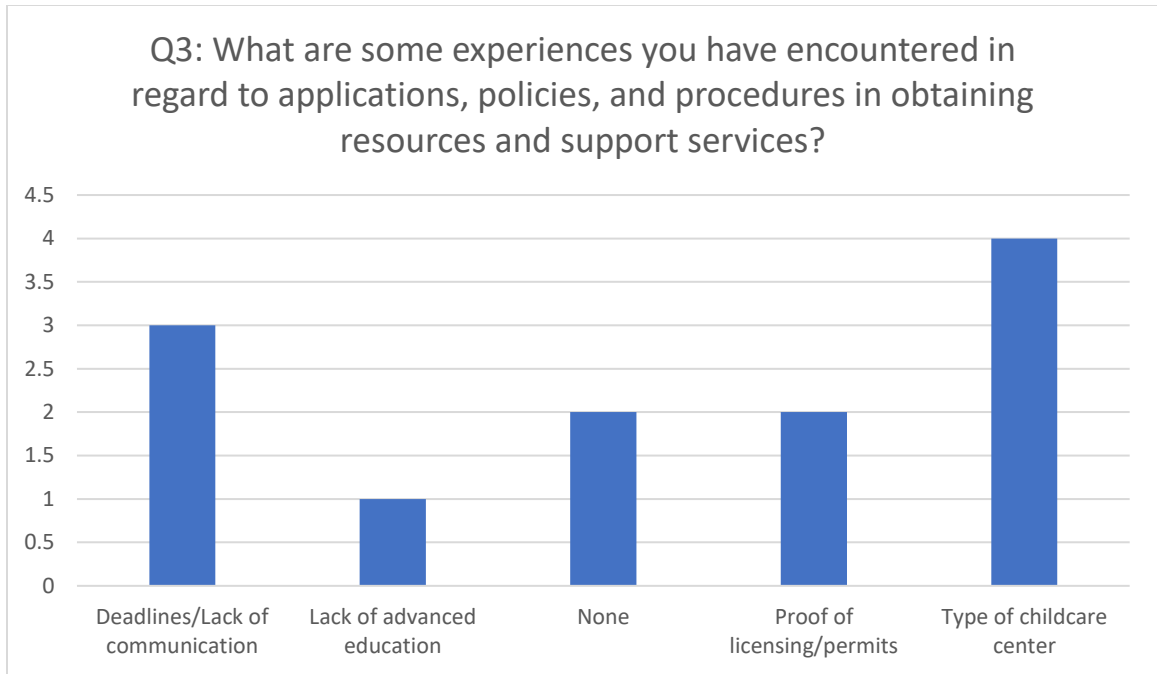
Figure 6. Experiences encountered in regard to applications, policies, and procedures in obtaining resources and support services.

Table 4

Response for Interview Question 3

Response	Frequency of response
Deadlines/lack of communication	3
Lack of advanced education	1
None	2
Proof of licensing/permits	2
Type of child care center	4

Participant 1 expressed that not having the right level of education and a Child Development Permit were application challenges. She stated,

I would think some of my own personal issues, is the fact that I don't have child development degree, or the matrix. I've not done the matrix, I've taken child development classes, but they're not documented as a degree or anything, and they're looking for education and a lot of applications.

Participant 3 shared her experiences with child care centers:

There are lots of red tape with policies and procedures put in place sometimes without regard for the uniqueness of family child care. So, the policies are made for preschool or other educators, and they don't understand that we kind of have a different platform their family child care has not always been an integral part of the discussion of making policies and setting procedures.

Participant 7 shared in the application and policy process with child care centers: "An example would be you have done child care for so long and it is for center-based child care only." She also responded,

It's a big thing for me it's a financially, lots of agencies were actually providing grants, during this COVID time, only the people who have the subsidy were getting more help, but the providers who only rely on the private pay customers, they are not getting any help from the county, or any help from the government.

She also expressed she chose this field and enjoys it but feels "It's not rewarded, it's not respected by others."

Participant 9 experienced getting the information related to child care centers too late or after the cutoff date. She also shared,

I've experienced not having all the right documentation which makes the process longer or having to redo the process, and I would say that's pretty much just not knowing what was available out there, the support services and not knowing what was available, so I was unable to ask for it.

Interview Question 4

As a sole proprietor, have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.

In Figure 7 and Table 5, the three primary themes that emerged were education level may be a disqualifier, income status may be a disqualifier, and the process to qualify for funding. Five of the participants struggled with the theme process to qualify for funding. Over half of the participants felt some challenges to qualify for resources with one third of the participants' education level hindering them from receiving support services.
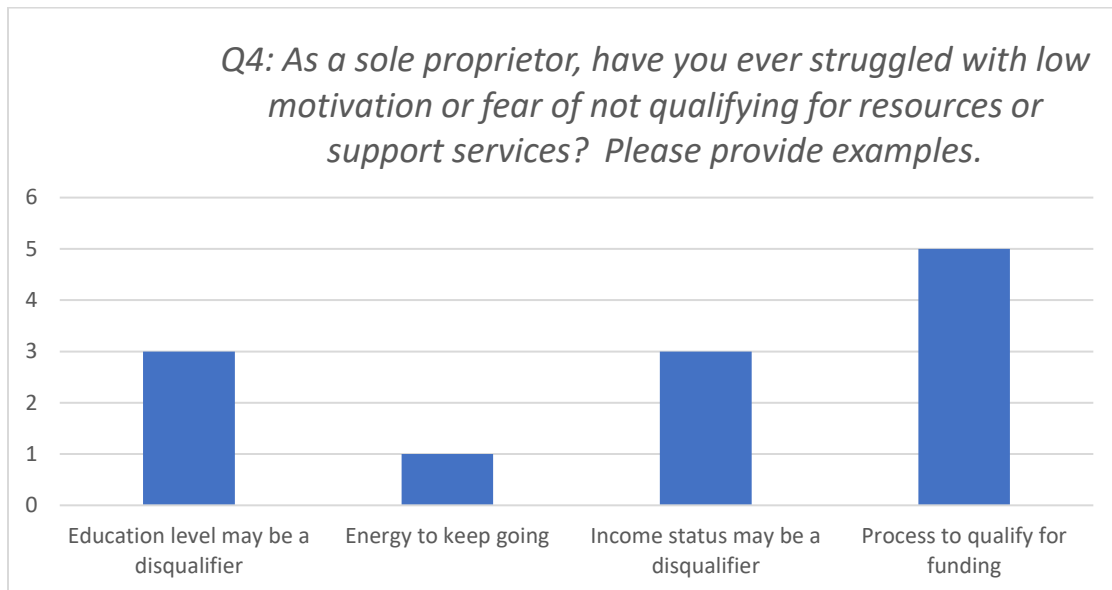
Figure 7. Incidents of low motivation or fear of not qualifying for resources or support services.

Table 5

Response for Interview Question 4

Response	Frequency of response
Education level may be a disqualifier	3
Energy to keep going	1
Income status may be a disqualifier	3
Process to qualify for funding	5

Participant 10 responded,

I don't think so much in fear of qualifying. But it's like the motivation because it

can be complicated and time consuming and eye opening and then with my own

kids and all that. Because, yeah, I haven't again, I can't think of many resources

before COVID that I would have asked for. I know there'll be grants out there

but I'm like, Oh my gosh, I don't have time for that like or that just sounds like a

lot of work to even turn an application in.

In addition, the participant also shared the financial barrier she experienced to attend FCC

classes and workshops: "There's also financial stuff like I would like to take workshops

and you can do more stuff online, but it's, there's always some of them can be really

expensive."

Participant 12 shared she received some grants and a $15,000 Lise loan, which

she used to pay her assistant. She applied for a needed personal protective equipment

(PPE) loan and did not qualify. She shared, "Basically I've been living off the same

grants." She responded that the rest of her money goes for her taxes. She expressed her

frustration, "So I just want to get paid, like everybody else normal, the $14." This was in

reference to an hourly wage. She also expressed concern about her retirement:

And I have to battle every time, well plus my retirement as my IRA or CD, it you

know, I have a little bit going here and there. … I mean, you know I want more, I

want to put more money into all that.

Participant 9 shared that during the COVID pandemic,

Definitely have felt low motivation throughout. Prior, my child care experience,

times of worry just don't have the energy to get up and put on the happy face and

you know, make it through your day and meet the needs of all your clients along

with you and you know, maybe your own family so definitely had that many

times throughout.

Closing Interview Question

Is there anything else that you want to share that might have been a barrier?

In Figure 8 and Table 6, all 12 participants responded, and eight of the 12 did not

have any additional challenges to add. The remaining four individuals each stated one

additional challenge that surfaced for them, which included government mandates for a

vaccination, lack of communication/misinformation, lack of experience/knowledge with

third-party resources, and licensing visits. There were a variety of other comments

participants felt were important to share.
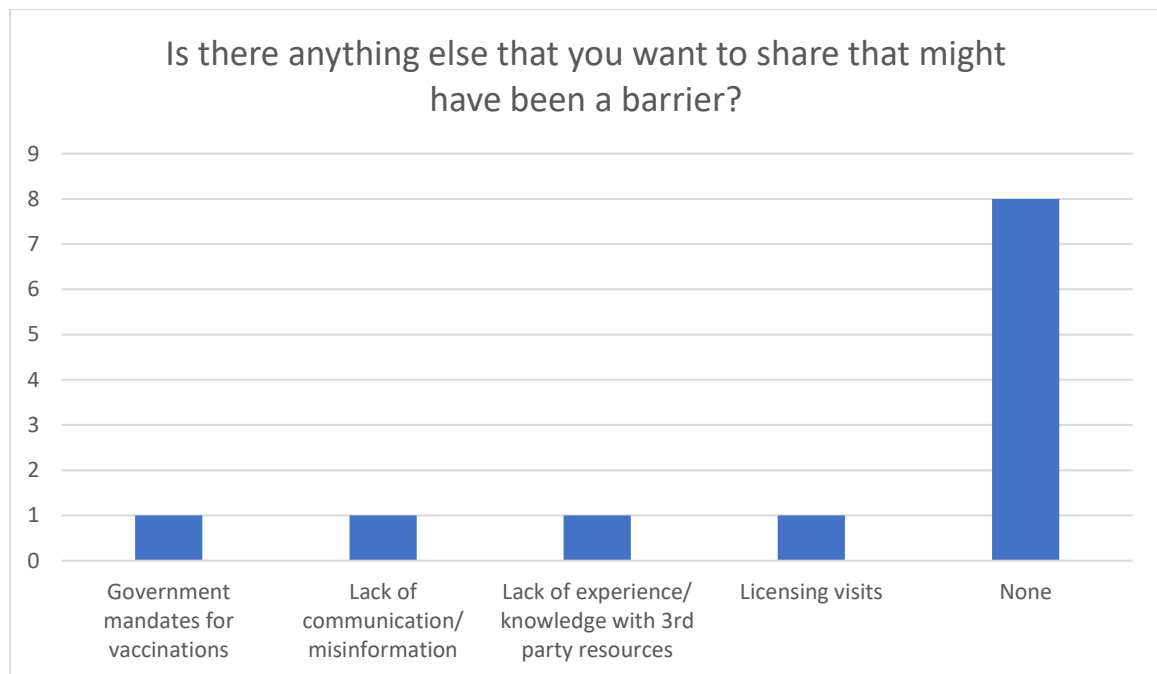
Figure 8. Additional barriers to obtain resources and support services.

Table 6

Response for Closing Interview Question

Response	Frequency of response
Government mandates for vaccinations	1
Lack of communication/misinformation	1
Lack of experience/knowledge with third-party resources	1
Licensing visits	1
None	8

Participant 3 shared her experience with the YMCA Child Care Resource Service Referral Service program. She referenced the lack of experience and knowledge and responded, "So, basically, the number one would be, they're not having quite experienced people in charge of this program, and that might lead us, not being able to guide us in a proper way." Participant 3 continued that the resource program person offering the service "Doesn't know what exactly she's talking about."

Participant 6 shared that she has been a Head Start provider for 28 years and now must let go of her assistant because of government vaccination mandates for COVID. She passionately responded,

> Oh, yes. Because of the current government and the mandates and administration
> that we have. They are dictating to me what I can do and what I can't do because
> I have contracts with Head Start. And either I'm going to be fired from Head
> Start because if there's someone in my child care that doesn't want to get the
> vaccine. I respect that because I live in the country called America, and I'm very
> proud to be an American, and I am proud of my rights, my Title 6 rights my
> religious rights, my personal rights, and I also respect all the other people as long
> as we're safe. Nobody is bringing in anything to cause any safety hazards. Right

now my assistant, she chose not to get the jab. She shows me a COVID negative

report every week. We sanitize all day long and never had an outbreak since we

were reopened in June.

Summary

Chapter IV outlined the qualitative methodology, data collection, and findings for

this phenomenological study described by Patton (2002) as phenomenological analysis

that "seeks to grasp and elucidate meaning, structure, and essence of lived experiences of

a phenomenon for a person or group of people" (p. 482). The chapter began with

restating the purpose statement and the three research questions that aligned with the four

interview questions. The chapter reviewed the population and sample used for this study.

The findings presented the human experiences of 12 FCC participants through online

Zoom interview sessions. The data were analyzed by open-ended and semistructured

interview questions and coding resulting in 11 primary themes. These themes exist

across three categories of barriers—situational, institutional, and dispositional—which

present ongoing challenges to accessing and obtaining support services for reaching

quality child care outcomes. The themes were summarized from most frequent to least

frequent.

The following sections summarize the 11 primary themes identified through data

analysis. These themes were discovered through the use of interview questions designed

to explore particular categories of barriers recognized in the literature. Interview

Questions 1 and 2 explored situational barriers to quality child care outcomes, Interview

Questions 1 and 3 explored institutional barriers to quality child care outcomes, and

Interview Questions 1 and 4 explored dispositional barriers to quality child care outcomes.

Situational Barriers

Interview Questions 1 and 2 were used to explore the category of situational barriers. The following primary themes emerged as situational barriers to quality child care outcomes:

1. Lack of information

2. Qualification process

3. Deadline/communication

4. Type of child care center of the participants

5. Proof of license/permits

There were seven additional individual responses related to situational barriers but they did not emerge as primary themes. These responses were closing the business due to COVID, finding qualified support, health issues, navigating family changes (i.e., death and divorce), government mandates for vaccinations, lack of experience/knowledge with third-party resources, and licensing visits.

Institutional Barriers

Interview Questions 1 and 3 were used to explore the category of institutional barriers. The following primary themes emerged as institutional barriers to quality child care outcomes:

1. Lack of information

2. Qualification process

3. Deadline/communication

4. Type of child care center of the participants

5. Proof of license/permits

Dispositional Barriers

Interview Questions 1 and 4 were used to explore the category of dispositional barriers. The following primary themes emerged as dispositional barriers to quality child care outcomes:

1. Lack of information

2. Qualification process

3. Deadlines/lack of communication

4. Process to qualify for funding

5. Education level may be a disqualifier

6. Income status may be a disqualifier

The theme of energy to keep going was an additional response related to dispositional barriers but did not emerge as a primary theme.

Chapter V provides a summarized analysis of the data findings, mayor findings, unexpected findings, and conclusions. Chapter V also includes recommendations and concludes with final remarks.

CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Overview

This qualitative phenomenological study explored the lived experiences of family child care (FCC) providers and their perspective of barriers to obtain resources and support services for quality child care outcomes. Chapter V presents a restatement of the purpose of this study and the three research questions as well as a description of the research methodology and data collection process. The study population, target population, and sample used are also described. Data were collected via four open-ended and semistructured interview questions, and qualitative analysis identified 11 primary themes across three categories of barriers, including situational, institutional, and dispositional. Finally, Chapter V provides a summarized analysis of the data results, extended discussion of major findings, unexpected findings, conclusions, implications for actions, and recommendations for future studies.

Purpose Statement

The purpose of this qualitative descriptive study was to explore FCC provider perspectives of barriers to obtain resources and support services for quality FCC outcomes.

Research Questions

1. What are the situational barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

2. What are the institutional barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?

3. What are the dispositional barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes?

Methodology

This study used a phenomenological qualitative research method to describe and identify barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes. According to Creswell and Creswell (2018), phenomenological research "is a qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon as described by participants in a study" (p. 249). Patton (2002) described that qualitative data findings grow out of data collection through open-ended interviews and probes that "yield in-depth responses about people's experience, perceptions, opinions, feelings, and knowledge" (p. 5).

The participants' interviews were scheduled via a phone call and confirmed by email. The research data collection was conducted through one-on-one interviews via the Zoom online platform. The researcher used the interview protocol, which included four open-ended and semistructured interview questions (see Appendix F) to explore the FCC provider perspective of barriers or challenges that hinder FCC providers from obtaining resources and support for quality child care outcomes. The researcher took notes and used the Otter app to record and transcibe the interviews to obtain emerging themes from the particpants' responses. The 12 interviews were held during the week of October 24, 2021, with the majority of the interviews held in the evening ranging from 15 to 25 min and averaging 20 min each.

Population

McMillan and Schumacher (2010) described population as "a group of elements or cases, whether individuals, objects, or events, that conform to specific criteria and to which we intend to generalize the results of the research" (p. 129). The population of this study consisted of FCC providers who had received resources and support services for quality child care outcomes. A list of 100 FCC providers was given to the researcher by an FCC organization.

Sample

This study used nonprobability sampling in which research was conducted using "subjects that happen to be accessible or who may represent certain types of characteristics" (McMillan & Schumacher, 2010, p. 136). The sample population was a convenience sampling of 12 FCC providers who were registered members of the San Diego County Family Child Care Association and had received resources and support services for quality child care outcomes. Convenience sampling is when "a group of subjects is selected on the basis of being accessible or expedient" (McMillan & Schumacher, 2010, p. 137). This is due in part to the availability and accessibility to the FCC provider population of the FCC organizations in San Diego County. Creswell and Creswell (2018) noted that a convenience sample is often used in qualitative research. Participants were identified by a current list of registered members of the San Diego County Family Child Care Association. The researcher contacted the FCC provider participants by phone prior to conducting the research interviews to confirm they met the following three criteria:

1. Participants were sole proprietors operating a licensed FCC home in San Diego County for a minimum of 2 years.

2. Participants had experienced challenges in accessing and obtaining resources and services for quality child care outcomes.

3. Participants completed a voluntary consent form to participate in the research study.

Demographic Data

Demographic data were collected from the 12 participants. Three questions were asked including the age of the participants, the years as a child care provider, and the number of children served in their child care program. Creswell and Creswell (2018) recommended identifying demographic charististics including particpant's age. Nearly one half of the respondents were age 56 years or older with one octarian. Suprisingly, no respondents were between the ages of 21 and 35. All particpants were female FCC providers.

Half of the repondents had been a child care provider for more than 26 years, and no FCC providers had been in business less than 5 years. All 12 particpants had large FCC homes and reponded that they currently have children in their FCC program. A range of three to 17 children are represented in each FCC program with an average of five children overall.

Major Findings

The purpose of this phenomenological study was to explore FCC provider perspectives of barriers to obtain resources and support services for quality child care outcomes. There are three primary categories of barriers: situational, institutional, and dispositional. Situational barriers relate to limited time, space, and life position may

prevent participating in trainings and/or receiving adequate information. Institutional

barriers reflect conditions, policies, and attitudes that present personal and social hurdles

to achieving services, products, and amenities. Dispositional barriers represent

psychological challenges of low self-esteem or limited self-confidence that impede

motivation. The University of Kansas Center for Community Health and Benefits (n.d.)

described barriers "as the conditions, policies, or attitudes that prevent or make difficult

the use and enjoyment of these services, amenities, practices, products, and information,

as well as those personal and social hurdles that many people have to surmount in day-to-

day life" ("Barriers," para. 1).

Eleven primary themes emerged across situational, institutional, and/or

dispositional barriers to accessing resources and support services for quality child care

outcomes. Table 7 illustrates these findings. The frequency of some themes increased

when viewed across multiple interview questions.

Table 7

Themes Across Barriers Categories

Theme	Total % occurrence[a]	Barrier		
		Situational	Institutional	Dispositional
Time management	58.0	x		
Lack of information	33.3	x	x	x
Qualification process	25.0	x	x	x
Location of training/services	25.0	x		
Deadlines/communication	16.6	x	x	x
Type of child care center	33.3		x	
Deadlines/lack of communication	16.6		x	
Proof of licensing/permits	16.6		x	
Process to qualify for funding	42.6			x
Education level	25.0			x
Income status	25.0			x

[a]Percentage occurrence counts total responses across multiple interview questions.

Based on findings of this study, it is concluded that FCC providers have limited knowledge of available resources and lack the support structure to access and obtain resources. The findings are discussed in the next sections organized by the three research questions addressing the three constructs—situational barriers, institutional barriers, and dispositional barriers.

Major Finding 1. Situational Barriers That Hinder FCC Providers From Obtaining Resources and Support Services for Quality Child Care Outcomes

The first research question asked, "What are the situational barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?"

The situational barriers yields the highest amount of constraints. For Interview Questions 1 and 2, 58% of the total participants' responses recognized the theme of time management as a barrier to obtaining resources and support services for quality child care outcomes. Four of the 12 participants responded that they lack the information needed to apply for resource services, and three participants experienced challenges with the qualification process. Three participants experienced long drives, up to 2 hours each way, to reach FCC training locations and to receive support services. Of the 12 participants, 16.6% referenced the theme of deadlines/lack of communications such as emails with resource applications arriving with quick return deadlines. In addition, 8.33% of the FCC participants referenced closing the business due to COVID, finding qualified support, health issues, navigating family changes (i.e., death and divorce), government mandates for vaccinations, lack of experience/knowledge with third-party

resources, and licensing visits as life challenges and constrains to obtain needed resources.

The findings above illustrated situational barriers. These barriers prevent or make difficult accessing and obtaining resources and support for quality child care outcomes.

Major Finding 2. Institutional Barriers That Hinder FCC Providers From Obtaining Resources and Support Services for Quality Child Care Outcomes

The second research question asked, "What are the institutional barriers that hinder FCC providers from obtaining resources and support services for quality child care outcomes?"

As a constraint, institutional barriers yields the third most frequent references. Of the FCC participants, 33.3% referenced the theme of lack of information and found they were the wrong type of child care to qualify for resources or child care training. This finding above illustrated institutional barriers. As an institutional constraint, Vanover (2021) stated that "most training agencies set up their trainings to target center-based childcare" (pp. 137 & 138), which does not always apply to FCC homes.

Major Finding 3. Dispositional Barriers That Hinder FCC Providers From Obtaining Resources and Support for Quality Child Care Outcomes

Research Question 3 asked, "What are the dispositional barriers that hinder FCC providers from obtaining resources and support for quality child care outcomes?"

The construct of dispositional barriers yields the second most frequent response. Nearly half, 42.6%, of the participants responded to the theme of qualification process and experienced challenges during the process to qualify for funding, which was the cause of low motivation and fear. Of the participants, 25% responded to the theme of

education level may be a disqualifier and felt both their education level and income status was a disqualifier. These findings from this study illustrated the dispositional barriers. Collins (2018) shared that as a self-employed individual with no additional staff, the FCC provider has little, extra time, money, or manpower to pursue receiving support services. In addition, according to Collins, the construct of dispositional barriers shows FCC providers struggle with low motivation.

Unexpected Findings

When starting data collection, because of the pandemic, four FCC providers were no longer available to participate in this study. One FCC provider only cared for children of elementary teachers who were forced to teach from home and no longer needed her service. After 42 years of operating her FCC program, she chose to retire early. Another FCC provider lost her lease because of the sky rocking real estate prices. She chose to move out of the area to find equitable rent and is now offering private nanny care. A third FCC provider who struggled with the ever-changing COVID-19 guidance for child care chose to take advantage of the real estate market and sold her home and moved out of the area. The final FCC provider was a new provider of 2 years and struggled to acquire new clients during the pandemic. She was forced to shut down due to a loss of income needed to support her family. She chose to take a job as a teacher's aide at the Christian school where her children attended, with limited government pandemic restrictions.

The biggest, unexpected finding was the life challenges, such as divorce and moves, which hindered FCC providers from obtaining resources and support services. As a sole proprietor, FCC providers are responsible for balancing their child care business

and family life to keep their programs open. When going through a move, FCC providers were challenged with the lengthy process of getting relicensed in their new location and the potential loss of clients during the move. This left a limited amount of time and financial resources to obtain FCC resources or attend child care trainings.

An additional unexpected finding was that federal government programs like Head Start that offer initiatives as part of their program could also hinder an FCC provider from receiving benefits. One FCC provider shared she was recently mandated by the government to choose to either fire her assistant if she did not get the COVID vaccine or leave the Head Start program, which she had been a part of for 28 years. She stated the government allows her to care for children of undocumented migrants who are not required to be vaccinated. She chose to find a new assistant who was vaccinated so she could continue to offer quality care to the children she serves.

Conclusions

The findings of this study and the review of the literature yield the following conclusions as described by FCC providers perceived the constructs of situational barrier, dispositional barriers, and institutional barriers in relationship to obtaining resources and support services for quality child care outcomes. The first three conclusions focus on situational barriers. The fourth conclusion focuses on institutional barriers, and the final conclusion focuses on dispositional barriers.

Conclusion 1: Time Management and Missed Opportunities

Based on the findings of this study and supporting literature, the researcher concludes that time management is the top barrier to obtaining resources and support services; and with mismanaged time comes missed opportunities. Materson and Ginet

(2018) shared that the greatest challenges FCC providers experience include balancing personnel and professional life, setting aside time to take care of their health and well-being, and making time for their family. Participants responded that caring for their families, including their own children and adult parent's needs, caused missed opportunities.

In addition, home moves/relocations caused missed opportunities. FCC participants had lengthy re-licensing processes each time during their moves. This included paperwork, inspections, and taking additional trainings and certifications for the new license. The pandemic also caused the licensing process and inspection to be put on hold.

Conclusion 2: Limited Availability of Training

Based on the findings of this study and supporting literature, the researcher concludes that lack of information on resources related to training is a major challenge. FCC providers are sole proprietors of their business and possess neither the knowledge of available resources nor the support structure to access and obtain benefits (Lanigan, 2011). FCC participants shared that often they would hear from other FCC providers about resources after the resources were no longer available or trainings enrollment capacity was limited or closed.

One participant responded that prior to the pandemic, when she arrived after a two-and-half-hour drive to the child care training, she was locked out of the training because she arrived 10 minutes late. During the pandemic, face-to-face child care trainings were cancelled to mitigate the spread of COVID-19. Some trainings were moved to online but the number of attendees' spaces were limited.

Conclusion 3: Limited Availability of Additional Resources

Based on the findings of this study and supporting literature, the researcher concludes that, as a situational barrier, training and service locations are limited and difficult to get to. Participants responded that the locations were not conveniently located and were a challenge to get to especially after a long day of work.

Participants also shared that they would have to get up early to call or sign up on a website to get on the list to receive resources and sometimes find out there were no more appointment times available to obtain the resources. They also responded that the grants and stipends for COVID-19 supplies were limited. This included obtaining much needed and hard to find personal protective equipment (PPE).

Conclusion 4: Inequality of Resource Distribution

Based on the findings of this study and supporting literature, the researcher concludes that participants experienced inequality as FCC providers when qualifying for resources. Bianca (2015) found that as part of a successful organizational structure, supervisors are available to offer support and coaching. The participants shared that sometimes they would apply for resources only to find out it was only available to center-based child care providers whose supervisors provided the resources and training information for them.

In addition, participants shared they would apply for resources and arrive at distribution centers after work only to find out they had run out of supplies. The center-based providers were able to take time off work to pick up supplies early or to attend child care trainings.

Conclusion 5: Lack of Self-Confidence to Obtain Services

Based on the findings of this study and supporting literature, the researcher concludes that the process to qualify for funding is overwhelming for the FCC provider. According to Collins (2018), FCC providers struggle with low motivation, which was referenced by participants in in this study. Participants also expressed that they have a fear of failing or not qualifying for child care resources and support services.

Participants responded that they would like to take more child care classes but need to take prerequisites to apply for the college courses. They felt that these prerequisites were big hurdles and they lack the confidence and the vision to see it through to completion.

<div align="center">

Implications for Action

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It is concluded that the FCC providers in San Diego County are challenged and struggle to obtain resources and support services for quality FCC outcomes. The following implications for actions address the conclusions formed by the study and the need to support FCC providers in successfully obtaining resources and support services. State and local leaders, child care resource and referral agencies, and child care networks will need to better understand FCC's unique needs and the barriers that it experiences in obtaining resources and services to sustain its child care when creating initiatives.

Implications for Action 1: State and Local Leaders

California and local leaders are responsible for distributing federal funding, such as the American Rescue Act, which includes relief funding for FCC providers. The research showed with this funding came a lengthy application process and strict qualification that could be overwhelming for the care provider to follow (U.S. Copyright

Office, 2021). Leaders need to work to make the applications more appliable to FCC providers and more user friendly.

Implications for Action 2: Resource and Referral Agencies

Resource and referral agencies offer child care trainings and support services. They need to survey their FCC providers to best service their needs including holding the trainings at convenient times and locations. The research findings show that FCC providers also need to be provided ample notification of future training dates and resource distributions so they can make the proper adjustments to their schedules.

Implications for Action 3: Child Care Association and Network Trainings

Professional associations, such as the San Diego County Family Child Care Association, California Family Child Care Network, and other local FCC associations could include trainings on how to apply for resources and support services. The study findings show that FCC providers are challenged when applying and in attending trainings. FCC associations could offer monthly Zoom meetings addressing the FCC issues at convenient times.

Implications for Action 4: Time Management Trainings for FCC Providers

This study shows that the top challenge for FCC providers is time management. The California Family Child Care Network and local associations could offer time management workshops at their meetings and annual conferences. The research findings show that these trainings could include how to balance life challenges with their family and their FCC program.

Implications for Action 5: Training for FCC on Qualifying for Resources and Support Services

The research findings show FCC providers need assistance with the qualifying process for resources and support services. Hercules's (2018) FCC study suggested that training support for providers needs to be improved. Local associations and resources and referral agencies could hold regular trainings for FCC on how to qualify for resources and support services.

<div align="center">

Recommendations for Further Research

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The purpose of this study was to explore FCC provider perspectives of barriers to obtain resources and support services for quality FCC outcomes. Based on the study findings, the researcher recommends further study in these areas in the following sections.

Recommendation 1: Research on the Impact of Time Management on the FCC Program

Findings in this study suggest that FCC providers experience time management challenges to obtain resources. It is recommended that further study be conducted on this phenomenon to determine its impact on the FCC program.

Recommendation 2: Research on How FCC Receive Information on Quality Child Care Initiatives

Findings in this study suggest that FCC providers lack information on child care initiatives. It is recommended that further study be conducted on this phenomenon to determine what is needed to obtain quality initiative information.

Recommendation 3: Research on FCC Applications Process Experiences Versus Center-Based Child Care Providers

Findings in this study suggest that FCC providers experience inequalities when applying for resources and support services. It is recommended that further study be conducted to compare FCC experiences versus center-based child care providers when applying for resource services.

Recommendation 4: Research on the FCC Process to Obtain FCC Resources and Support Services

Findings in this study suggest that FCC experienced barriers during the process to obtain resources and support services. It is recommended that further study be conducted on this phenomenon to determine its impact on the FCC program.

Recommendation 5: Research on the Impact of the Life Challenges on FCC Providers Programs

Findings in this study suggest that FCC providers experience many life challenges. It is recommended that further study be conducted on this phenomenon to determine its impact on the FCC program.

Recommendation 6: Research on the Effect of COVID-19 on the FCC Programs

Findings in this study suggest that FCC providers experience challenges when dealing with the effects of the pandemic. It is recommended that further study be conducted on this phenomenon to determine its impact on the FCC program.

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Concluding Remarks and Reflections

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Collecting research on FCC providers in San Diego County was a very personal experience. As an FCC provider myself, I was challenged not to comment or sympathize

with the participants as they described their experiences. One FCC provider stated during the interview process "This felt like therapy." For some, this was the first time they were asked about the barriers and challenges to obtain resources and support services. I was proud to learn of their perseverance during the pandemic and their desire to continue to search out ways to offer quality care to the children they serve.

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APPENDICES

APPENDIX A

Child Care Literature Synthesis Matrix

References	Child Care In USA	Components of Child Care — Participant Characteristics: Child Care Provider	Participant Characteristics: Parent	Participant Characteristics: Child	Environment Features: Interaction	Environment Features: Practice	Organizational Structure: Sole Proprietor	Organizational Structure: Child Care Center	Desired Quality Outcomes: Child Care Provider	Desired Quality Outcomes: Parent	Desired Quality Outcomes: Child	Initiatives to Support Outcomes: Services	Initiatives to Support Outcomes: Strategies	Obtaining Resources for Initiatives: Referral Agencies	Obtaining Resources for Initiatives: Government	Obtaining Resources for Initiatives: Non-Profit Associations	Barriers to Obtaining Support and Resources: Situational	Barriers to Obtaining Support and Resources: Institutional	Barriers to Obtaining Support and Resources: Dispositional
Bromer, J., Korfmacher, J., Ragonese-Barnes, M., & Molley, P. (2017-2020)	X	X	X	X	X	X		X	X	X	X	X			X				
Bromer, J., Ragonese-Barnes, M., & Porter, T. (2020)	X	X		X	X			X	X	X	X	X	X		X				

Themes

Reference	Child Care In USA	Participant Characteristics: Child Care Provider	Participant Characteristics: Parent	Participant Characteristics: Child	Environment Features: Practice	Environment Features: Interaction	Organizational Structure: Sole Proprietor	Organizational Structure: Child Care Center	Desired Quality Outcomes: Child Care Provider	Desired Quality Outcomes: Parent	Desired Quality Outcomes: Child	Initiatives to Support Outcomes: Services	Initiatives to Support Outcomes: Strategies	Obtaining Resources for Initiatives: Referral Agencies	Obtaining Resources for Initiatives: Government	Obtaining Resources for Initiatives: Non-Profit Associations	Barriers to Obtaining Support and Resources: Situational	Barriers to Obtaining Support and Resources: Institutional	Barriers to Obtaining Support and Resources: Dispositional
Center for American Progress, Jensen-Howard, S., & Workman, S. (2020)	X	X	X	X	X														
Child Care Aware of America. (2020, March 23)	X	X	X	X				X		X		X	X	X.		X			
CNBC Make It, & Leonhardt, M. (2020)	X	X	X	X			X			X		X	X	X		X			
Colker, L. J., & Koralek, D. (2018)	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X			
Collin, S. (2018)	X	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X	X

Table showing literature synthesis of Themes across References.

Theme	Subtheme	Doocy, S., Kim, Y., & Montoya, E. (2020)	Feldman, J. (2015)	Fraga, L. M., & Gadhia, A. (2021)	Goffin, S. G. (2015)	Hercules, C. (2018)	Kamerman, S. B., Gatenio-Gabel, S. (2007)
Barriers to Obtaining Support and Resources	Dispositional						
	Institutional						X
	Situational						
Obtaining Resources for Initiatives	Non-Profit Associations			X	X	X	
	Government	X	X				X
	Referral Agencies			X	X	X	X
Initiatives to Support Outcomes	Strategies	X	X	X	X	X	X
	Services			X	X	X	X
Desired Quality Outcomes	Child			X	X	X	
	Parent		X	X.		X	X
	Child Care Provider			X	X	X	
Components of Child Care — Organizational Structure	Child Care Center	X	X				X
	Sole Proprietor			X	X	X	X
Components of Child Care — Environment Features	Practice	X	X				X
	Interaction	X			X	X	
Components of Child Care — Participant Characteristics	Child	X	X	X	X	X	X
	Parent	X	X	X	X		X
	Child Care Provider	X	X	X	X	X	X
Child Care In USA		X	X	X	X	X	X

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Table. Themes by References

Theme	Subtheme	Karan, S. (2021)	Lawrence, S., & Stephens, S. A. (2016)	Lowery, S. (2013)	Materson, M. L., & Ginet, L. M. (2018)	National Woman's Law Center. (2020)
Barriers to Obtaining Support and Resources	Dispositional					
	Institutional					
	Situational					
Obtaining Resources for Initiatives	Non-Profit Associations		X		X	
	Government	X				
	Referral Agencies		X		X	
Initiatives to Support Outcomes	Strategies		X		X	
	Services		X	X	X	X
Desired Quality Outcomes	Child		X	X	X	
	Parent			X	X	
	Child Care Provider		X		X	
Components of Child Care — Organizational Structure	Child Care Center	X	X			
	Sole Proprietor		X		X	
Environment Features	Practice	X		X	X	X
	Interaction			X		
Participant Characteristics	Child	X	X	X	X	X
	Parent	X	X	X	X	X
	Child Care Provider	X	X	X	X	X
Child Care In USA		X	X	X	X	X

Table of literature review themes by reference. "Themes" is the overarching category across all columns.

Reference	Child Care In USA	Participant Characteristics: Child Care Provider	Participant Characteristics: Parent	Participant Characteristics: Child	Environment Features: Interaction	Environment Features: Practice	Organizational Structure: Sole Proprietor	Organizational Structure: Child Care Center	Desired Quality Outcomes: Child Care Provider	Desired Quality Outcomes: Parent	Desired Quality Outcomes: Child	Initiatives to Support Outcomes: Services	Initiatives to Support Outcomes: Strategies	Obtaining Resources for Initiatives: Referral Agencies	Obtaining Resources for Initiatives: Government	Obtaining Resources for Initiatives: Non-Profit Associations	Barriers to Obtaining Support and Resources: Situational	Barriers to Obtaining Support and Resources: Institutional	Barriers to Obtaining Support and Resources: Dispositional
Porter, T., Nichols, T., Paricia, D. G., Benoche, C., Hass, R., Voung, L., & Paulsell, D. (2010)	X		X					X					X		X				
Porter, T., Paulsell, D., Del Grasso, P., Avellar, S., Hass, S., & Vuong, L. (2010)	X		X					X							X				
Vanover, S. T. (2021)	X	X		X			X	X	X	X	X	X			X			X	

Recruitment Letter for Research Subjects

October 27, 2021

Introduction and Invitation to Participate Letter

Dear Participant,

My name is Kathleen Tostado Kenshur and I am a doctoral candidate in the Organizational Leadership program at UMASS Global. I am conducting a study to better understand the family child care (FCC) provider perspectives of barriers to obtain resources and support services for quality family child care outcomes. The results of this study may assist other FCC providers to overcome barriers and challenges in receiving resources and support.

We are asking your assistance in the study by participating in a Zoom interview which will take from 20-30 minutes and will be set up at a time convenient for you. If you agree to participate in an interview, you may be assured that it will be completely confidential. For this study, all efforts will be made to protect your privacy. The results of this study will be used for scholarly purposes only and may be shared with UMASS Global Representatives.

Participation is solely voluntary, and no names will be attached to notes or records from the interview. You will be free to stop and withdraw from the study at any time. The participants will be offered a copy of the study once completed allowing them to see the results of the findings, recommendations, and future actions.

If you are interested in being interviewed, please contact Kathleen Tostado Kenshur at tost2801@mail.umassglobal.edu or call (xxx) xxx-xxxx. You will be asked to review and the participants' Bill of Rights and email a signed copy of the Informed Consent form to tost2801@mail.umassglobal.edu. A date and time convenient for you will be set up for the Zoom interview.

Sincerely,

Kathleen Tostado Kenshur

Doctoral Candidate, UMASS Global

APPENDIX C

Informed Consent

INFORMATION ABOUT: Family Child Care (FCC) Provider Perspectives of

Barriers to Obtaining Resources and Support Services for Quality Child Care

Outcomes

RESPONSIBLE INVESTIGATOR: Kathleen Tostado Kenshur

PURPOSE OF STUDY: You are being asked to participate in a research study conducted by Kathleen Tostado Kenshur, a doctoral student from the School of Education at UMass Global. The purpose of this qualitative descriptive phenomenological study is to explore family child care provider perspectives of barriers to obtain resources and support services for quality family child care outcomes. FCC providers desire quality outcomes that include improving caregiving skills, increasing knowledge of child development, and increasing health and safety in the child care environment (Copeland, 2016). This study seeks to understand what programs, resources and support systems are needed to overcome the barriers.

Your participation in this study is voluntary and will include an interview with the identified student investigator. The interview will take approximately 20-30 minutes to complete and will be scheduled by Zoom at a time of your convenience. The interview questions will pertain to your perceptions and your responses will be confidential. Each participant will have an identifying code and names will not be used in data analysis. The results of this study will be used for scholarly purposes only.

I understand that:

a) There is minimal risks associated with participating in this study. The researcher will protect my confidentiality by keeping the identifying codes safe-guarded in a locked file drawer or password protected digital file to which the researcher will have sole access.

b) My participation in this research study is voluntary. I may decide to not participate in the study and I can withdraw at any time. I can also decide not to answer particular questions during the interview if I so choose. Also, the investigator may stop the study at any time.

c) If I have any questions or concerns about the research, please feel free to contact Kathleen Tostado Kenshur, tost2801@mail.umassglobal.edu or by phone at (xxx) xxx-xxxx; or Dr. Deborah Schreiber (Chair) at Deborah.schreib@umassglobal.edu

d) No information that identifies me will be released without my separate consent and all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed, and consent re-obtained. There are minimal risks associated with participating in this research.

e) I understand that the interview will be recorded and transcribed by the Otter app. The recordings and transcriptions will be available only to the researcher and the professional statistician. The recordings will be used to capture the interview dialogue and to ensure the accuracy of the information collected during the interview. All information will be identifier-redacted, and my confidentiality will be maintained. Upon completion of the study all recordings, transcripts and notes taken by the researcher and transcripts from the interview will be destroyed.

e) If I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor of Academic Affairs, UMASS Global, at 16355 Laguna Canyon Road, Irvine, CA 92618, 949-341-7641.

I acknowledge that I have received a copy of this form and the "Research Participant's Bill of Rights." I have read the above and understand it and hereby consent to the procedure(s) set forth.

_____

Signature of Participant

_____

Signature of Principle Investigator

_____

Date Signed

_____

Date Signed

APPENDIX D

Field Test Interview Feedback Questions

1. How long did the interview take?
2. Did the interview time seem to be appropriate?
3. Were the questions clear or were there places when the interviewee was unclear?
4. Were there any words or terms used during the interview that were unclear or confusing?

APPENDIX E

Interview Observation Reflection Questions Sample

1. How did you feel during the interview? Comfortable? Nervous? For the

    observer: how did you perceive the interviewer in regards to the preceding

    descriptors?

2. Did you feel prepared to conduct the interview? Is there something you could

    have done to be better prepared? For the observer: how did you perceive the

    interviewer in regard to the preceding descriptors?

3. What parts of the interview went the most smoothly and why do you think that

    was the case?

4. Are there parts of the interview that seemed to be awkward and why do you think

    that was the case?

5. If you were to change any part of the interview, what would it be and how would

    you change it?

6. What suggestions do you have for improving the overall process?

    References: Maldonado French, L. (April 2021) Dissertation, *Phenomenological Study on the Impact of Servant Leadership for Establishing a Culture of High Performance as Perceived by Latina Superintendents Leading Title I School Districts*

APPENDIX F

Interview Protocol Draft

My name is Kathleen Tostado Kenshur and I am a doctoral candidate at UMASS Global in the area of Organizational Leadership in Education. I am conducting research to explore family child care (FCC) provider perspective of barriers to obtain resources and services for quality FCC outcomes. I am seeking to understand what programs, resources and support systems are needed to overcome the barriers.

I want to thank you for agreeing to participate in this interview. The information you give will hopefully help provide a clear picture of the barriers and challenges FCC providers experience.

The questions I will be asking are the same for everyone participating in the study.

Informed Consent

I would like to remind you that any information that is obtained in connection to this study will remain confidential. All of the data will be reported without reference to any individual(s) or any institution(s). For ease of our discussion and accuracy I will record our conversation as indicated in the Informed Consent sent to you via email. I will have the interview transcribed via Otter App to a Word document and will send it to you via electronic mail so that you can check to make sure that I have accurately captured your thoughts and ideas.

Did you receive the Informed Consent UMass Global Bill of Rights I sent you via email? Do you have any questions or need clarification about either document? Do you consent to move forward with the interview?

We have scheduled 30 minutes for the interview. At any point during the interview, you may ask that I skip a particular question or stop the interview altogether.

Do you have any questions before we begin? Thanks so much for your time.

Interview Questions

5. What challenges have you experienced in obtaining resources and support services?

6. What are some of your life challenges that prevent you from participating in training or receiving resources and support services; for example, a family illness or lack of business support.

7. What are some experiences you have encountered in regard to applications, policies, and procedures in obtaining resources and support services?

8. As a sole proprietor, have you ever struggled with low motivation or fear of not qualifying for resources or support services? Please provide examples.

These are general probes may be used during the interview when you want to get more information with them. These are not questions you share with the interviewees:

1. Can you tell me more?
2. Can you expand on that?
3. How did that make you feel?

APPENDIX G

FCC Organization Members Participant Request Letter

San Diego County Family Child Care Association

8.31.2021

Participant Request

Dear Kathleen,

Thank you for your request to interview family child care (FCC) provider participants from our FCC membership. We would be honored to assist with providing 12 or more names and emails of FCC providers that meet your criteria for your FCC qualitative study. We understand the prospective participants criterion to be:

1. Participant is sole proprietor operating a lisensed FCC home in San Diego County for a minimun of 2 years.
2. Participants had challenges in accessing and obtaining resources and services for quality child care outcomes.
3. Participants will complete a voluntary consent form to particpate in the research study.

We have found that email and Zoom were the preferred mode of communication used with our members. We look forward to supporting you going forward.

Sincerely,

Belen Lopez
VP of the San Diego County Family Child Care Association
www.sdcfcca.org

APPENDIX H

UMass Global IRB Application Approval

Dear Kathleen Tostado Kenshur,

Congratulations! Your IRB application to conduct research has been approved by
the UMass Global Institutional Review Board. Please keep this email for your records, as
it will need to be included in your research appendix.

If you need to modify your IRB application for any reason, please fill out the
"Application Modification Form" before proceeding with your research. The
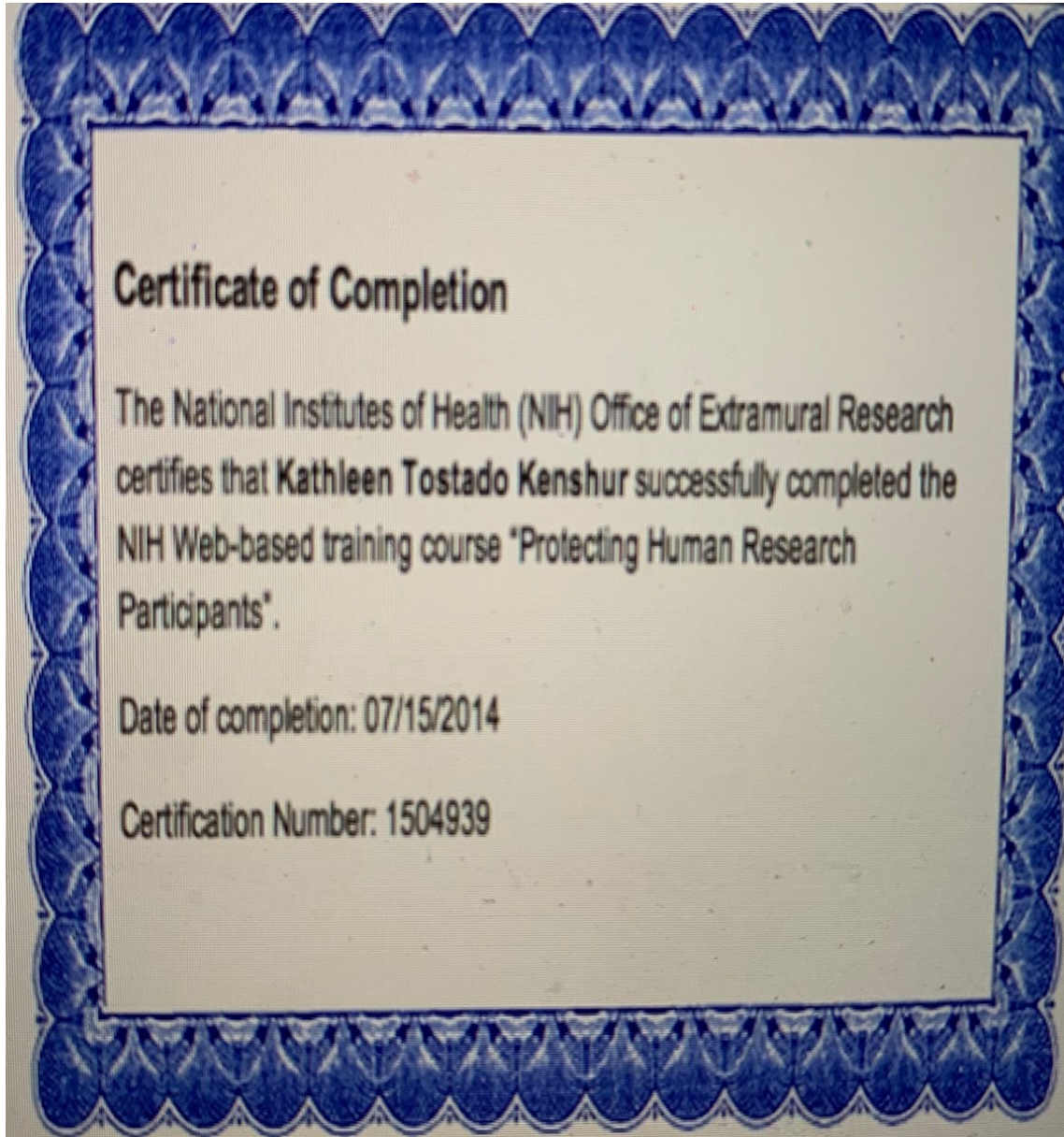Modification form can be found at IRB.umassglobal.edu

Best wishes for a successful completion of your study.

Thank You,

IRB
Academic Affairs
UMass Global
16355 Laguna Canyon Road
Irvine, CA 92618
irb@umassglobal.edu
www.umassglobal.edu

NIH Research Certificate of Completion
Protecting Human Research Participants

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Kathleen Tostado Kenshur** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 07/15/2014

Certification Number: 1504939

Research Participant's Bill of Rights

UMASS GLOBAL UNIVERSITY INSTITUTIONAL REVIEW BOARD Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.
2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.
3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.
4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.
5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.
7. To be told what sort of medical treatment is available if any complications arise.
8. To refuse to participate at all before or after the study is started without any adverse effects.
9. To receive a copy of the signed and dated consent form.
10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the UMASS GLOBAL Institutional Review Board, which is concerned with the protection of volunteers in research projects. The UMass Global Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, UMASS GLOBAL, 16355 Laguna Canyon Road, Irvine, CA, 92618.

UMass Global IRB   Adopted 2021