# LOS ANGELES COUNTY Child Care Needs Assessment March 2000





Policy Analysis for California Education University of California, Berkeley and Stanford University

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Policy Analysis for California Education

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## **Executive Summary**

With an expanding economy and increasing numbers of CalWORKs participants moving into the workforce, demand for child care in Los Angeles County will increase. Yet, while earlier research pointed to a dearth of child care, there is little data on where child care is needed within Los Angeles County, as well as little information on specific types of care available like special needs care or care during non-traditional hours. In 1999, the Department of Public Social Services (DPSS) contracted with Policy Analysis for California Education (PACE) to conduct a study of the licensed child-care supply for all children in the county. Via a survey of over 2000 child-care providers in Los Angeles County, PACE was asked to determine the following:

- 1. How does the supply of licensed child care vary across the county? Are vacancy rates lower or higher in certain communities?
- 2. How does the supply of child care vary across low-income communities with high concentrations of welfare recipients?
- 3. Across the county, are there shortages in special types of care, such as non-traditional hours care, subsidized care, ill child care, and care for children with special needs?

The survey data was analyzed at three levels: county-wide, Service Planning Areas (SPAs) and Supervisorial Districts. The major findings of this study include the following:

- Overall, the supply of licensed child care in Los Angeles County is very low when compared with the child population estimated to need care. There are fewer than sixteen licensed child-care slots per 100 children age 0-12 estimated to need care.
- Licensed child-care capacity varies widely between SPAs. While there are sufficient slots to serve 18% of the total population age 0-12 in SPA 5, only 6% can be served in SPA 7.
- Care for both infants and school age children is in short supply, relative to care for pre-school age children.

- Despite low capacity numbers, there are vacancies throughout the county. The availability of spaces varies by SPA; centers report vacancy rates of between 14% and 20% by SPA, while in Family Child Care Homes (FCCHs) the vacancy rate is between 19% and 26%.
- A significant number of centers report that space constraints and zoning requirements are major barriers to expanding their services.
- There is both good and bad news concerning child care for children with special needs: most providers are able to care for children with mild special needs or chronic conditions, but fewer are equipped to care for children with severe special needs.
- Very little care exists for ill children who are enrolled in centers, as compared to those served by FCCHs.
- Countywide, there is a high willingness to serve subsidized children.
- Little care is available during non-traditional hours. Among providers who do
  provide care at off hours, more FCCHs than centers offer flexible-hour care:
  countywide, drop-in care (30% total county-wide). Countywide 20% of centers
  and homes offer evening care.
- Centers are more likely than FCCHs to provide care in languages other than English.

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### I. Introduction

#### Overview: Child Care in a Changing Labor Market

In 1996, the California State Legislature passed the California Work Opportunity and Responsibility to Kids Act (CalWORKs). The state's plan for implementing the new federal welfare mandate Temporary Assistance for Needy Families (TANF), CalWORKs completely altered the nature of welfare programs in the state. It emphasizes moving welfare recipients off of aid and into the workforce, and places responsibility for operating programs to meet this goal on county welfare agencies. It also provides funding to cover child care, transportation, supportive services (e.g., domestic violence, substance abuse, and mental health services) and other costs associated with re-entering the workforce. Even as CalWORKs was being implemented, California's economy began booming. Unemployment has dropped as thousands of new jobs have been created.

With increasing numbers of former CalWORKs participants moving into the workforce and new workers relocating to California, the size of the state's workforce is increasing rapidly. There is concern that the supply of child care in many communities is inadequate to meet the growing demand created by these changes. In Los Angeles County, earlier research indicated that the total number of licensed child-care slots is not adequate to meet the needs of working parents in the county.<sup>1</sup> While illuminating the overall shortage of care, however, this data did not identify areas *within* the county where the existing supply is either sufficient or especially inadequate.

Recognizing this problem, the Los Angeles County Department of Public Social Services (DPSS) contracted with PACE to conduct a study of the supply of licensed child care in Los Angeles. Via a telephone survey of over 2000 child-care providers, this project explored not only the overall availability of care, but also important issues like access to care during non-traditional hours, the numbers of providers who speak languages other than English, the availability of care for ill or special needs children, accessibility to transportation and barriers to expanding the supply.

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This report presents the findings of this study. The results are intended to help the Board of Supervisors and county child-care planners by accomplishing the following:

- Establishing baseline information on the supply of licensed child care in the county;
- Creating a deeper understanding of how existing child-care services do or do not meet the needs of children and families in Los Angeles; and
- Determining where to target child-care expansion efforts and new facilities.

The report is organized into six sections, followed by extensive technical appendixes. The introduction sets the stage by identifying reasons behind the rising demand for child care and providing county demographics. A brief overview of this study's findings is offered as well. The next three chapters delve into the countywide results of the survey, including vacancy rates and capacity; after-hours care; care for sick children, and language information. Barriers to expanding the supply of licensed child-care, such as staffing shortages, lack of facilities, and funding, are discussed next. Finally, a summary of the study's findings and recommendations for where and how to target expansion funds are presented in the concluding chapter.

This study does not address the supply of license-exempt care in Los Angeles County. There is a considerable amount of care available in license-exempt group settings, but as of yet there is no reliable data on the total supply. The amount of care provided by license-exempt individuals throughout the county is also unknown and difficult to assess.<sup>2</sup>

## The Issues: Growing Demand and Poor Data

The shortage of child care in Los Angeles is among the most severe in California.<sup>3</sup> Prior research indicates that parents in the county are half as likely to find licensed child care spaces for their youngsters as are parents in Northern California.<sup>4</sup> Earlier studies also found that per capita supply is variable across neighborhoods in Los Angeles. Parents in affluent areas enjoy a greater array of choices than do parents in low-income neighborhoods. These studies determined that infant care, school age care, and non-traditional hours care are in particularly short supply.<sup>5</sup>

Little is known about where vacancies exist and where expansion is most needed within the county. Part of this is due to conflicting capacity data: two separate entities, the California Department of Social Services Community Care Licensing Division (CCLD) and the ten child care Resource & Referral agencies in the county (R&Rs) each maintain separate databases of child-care providers. These databases are neither linked nor regularly reconciled, and while the CCLD data tends to over-report the supply of licensed care, R&R databases tend to undercount the amount available. This study began with a systematic reconciliation of these databases, in order to develop more accurate data on the overall number of licensed child-care slots (see Appendix 7). However, this was not sufficient for understanding supply. Even when there is good data on the total number of licensed care slots, it does not necessarily represent the actual amount of care available. Many providers prefer to care for fewer children than they are licensed to serve. This analysis looks at these issues; not only does it report on simple capacity numbers, it also looks at "shadow capacity," that is, how many children providers prefer to serve, as opposed to simply the licensed capacity (see Appendix 2).

## **Increased Need for Child Care**

Rising Births Welfare Reform Greater Maternal Labor Force Participation School Readiness

## **Demand Issues**

Still, while this study provides improved supply data, the demand for licensed child care remains unclear. Differing parental preferences and scarce child-care

supply in some neighborhoods make it difficult to determine whether parents with young children would utilize licensed child-care slots if they were available.

Indeed, the forces that influence the child-care market are numerous, complex and often difficult to determine. Economic theory dictates that in a market economy, the supply of care is influenced by how much parents are willing or able to pay for care. Providers have to earn a minimum amount simply to remain in the market; if parents are willing to pay more, then the supply should increase. If the price becomes too high, then there will be more slots than parents willing to pay for them. Likewise, the demand for licensed child care is impacted by the cost of care. If the cost is lower, more parents will demand care, and a shortage will ensue. Even in this over-simplified model, it becomes evident



that subsidies for low-income parents can impact the child-care market; parents who previously could not afford licensed care will place new demands for care on the market. At the same time, the level of the subsidy may determine the care parents can afford.

The simple market equilibrium model described above does not account for differences in the quality of care provided, which also impact the price providers can charge and parents will pay. Higher quality care is generally more expensive, and parents are usually willing to pay more for it, to a point. At the same time, parents are often unwilling to purchase care below a certain quality, regardless of the low cost. The amount of child-care subsidies also may impact these choices; if subsidies are not high enough, a parent may not be able to utilize the care they prefer. Finally, the market model breaks down when there are barriers to information. If parents do not know that providers have slots available, or providers do not know that parents are seeking care, then there may be imbalances in the market. A precise determination of the demand for licensed care in Los Angeles County is beyond the scope of this study. Still, where possible, this report addresses demand issues in light of the findings on the supply of care in Los Angeles.<sup>6</sup>

Even though the exact demand for child care is unknown, there are many indicators of a growing need for licensed child-care slots in Los Angeles. First, the child population is increasing. The annual number of births rose from 134,858 in 1982 to 150,449 in 1997, and in-migration to the region is continuing.<sup>7</sup> Second, welfare reform is creating a need for more care, as many mothers move into the workforce for the first time. These mothers are eligible to receive child-care subsidies for the duration of their stay on CalWORKs so long as they are engaged in appropriate work or educational activities. These subsidies can continue for at least two years after the participant transitions off of cash aid, so long as her income qualifies her for assistance. These parents are expected to demand more licensed care as their work situations stabilize. Finally, the economy is expanding, adding new jobs, workers, and their families to the region. A steady increase in the need for more licensed child care in the county is, therefore, quite likely.

#### School Readiness and Quality

Another critical issue, which although beyond the scope of this study must be viewed as central to any efforts to expand child-care supply, has to do with the issue of supporting

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school readiness. It is not enough to build more centers or family child-care homes; quality is as important as quantity. Recent research shows that children's early experiences are critically important for brain development. If children do not have nurturing and stimulating environments, their later success could be jeopardized. For example, mothers who have graduated from high school are more likely to read to their children, and yet in 1997, 39.2% of babies in Los Angeles were born to mothers with less than 12 years of education.<sup>8</sup> With high-quality child-care settings, it is possible to boost the school readiness of all children. Therefore, although it is not the focus of this study, the issue of quality child care is too important not to address, and recommendations for enhancing quality across the county are included in the concluding section of this report.

#### Central Questions

This analysis centers on policy questions raised by the increasing need for child care:

- How does the supply of licensed child care vary across the county? Are vacancy rates lower or higher in certain communities?
- How does the supply of child care vary across low-income communities with high concentrations of welfare recipients? Since the ability of parents to transition off welfare and into jobs depends on the availability of child care that meets their needs, this study looks at whether capacity shortages and language differences pose special barriers to these families.
- Across the county, are there shortages in special types of care, such as non-traditional hours care, subsidized care, ill child care, and care for children with special needs? Determining where such barriers exist could help child care planners better meet the needs of parents in Los Angeles.

## County Demographics

Los Angeles County has 9.8 million residents, of which 27%, or more than 2.5 million are children age 0-12. Latinos make up 58% of the children and youth in the county, while whites total 21%, African Americans 10%, Asians and Pacific Islanders 10% and

			Am	
Children and Families in Los Angeles County <sup>1</sup>				
Total number of children, ages 0-17	-	2,803,645	less	
Total number of children, ages 0-5		1,042,044	cou	
Latinos	58%			
Whites	21%		con	
Blacks	10%		cha	
Asians and Pacific Islanders	10%		-	
American Indians	<1%		Ine	
% Children 0-5 receiving AFDC, 1996		24.01%	Lati	
% Children 0-5 receiving CalWORKs, 19	998	18.6%	0	
-			fror	
			to 5	

American Indians less than 1%.<sup>9</sup> The county's ethnic composition is changing rapidly. The proportion of Latinos has risen from 41.9% in 1982 to 57.9% in 1997,

and will continue to grow; sixty-two percent of births in Los Angeles were to Latino mothers in 1997. At the same time, the percentage of whites dropped from 29.1% to 16% and the percentage of blacks in Los Angeles dropped from 12.4% to 7.7%<sup>10</sup>. Among California's 58 counties, Los Angeles has the highest rate of child poverty.<sup>11</sup> County-wide, 33% of children aged 0-17 live in households below the poverty line and 51% are low-income (for 1998 the poverty level was \$16,450 for a family of four). Sixty-one percent of children in Los Angeles receive school lunches.<sup>12</sup> Latino children suffer from the county's highest poverty rate at 43%, with 631,000 children in poor families. The American Indian poverty rate is 34%, African American 33%, Asian Pacific 21% and White 13%.<sup>13</sup> Of children ages 0-5 county-wide, 18.6% live in families which receive some form of public assistance, e.g., Medi-Cal, Food Stamps or CalWORKs. Nearly half of these children are black (49.1%), and 18.3% are Latino.<sup>14</sup>

The countywide demographics presented here represent only part of the story about the potential need for licensed child care in Los Angeles. It is necessary also to address demographic differences between communities within the county. Los Angeles is more highly segregated than other counties, especially for Latinos and African Americans.<sup>15</sup> Moreover, patterns in the supply of and demand for licensed child care appear to be correlated with ethnic differences among communities. For instance, an earlier PACE study noted that Latino neighborhoods were less likely to have child care centers than



predominantly white communities. The reasons behind this difference are thought to be multiple, ranging from parental preferences for home-based care to language barriers.<sup>16</sup> While this study cannot address the historic causes of differences in the supply of child care around the county, is does offer data on the availability of care by smaller geographic and population units within the county.

## Service Planning Areas

In 1993, the Los Angeles County Board of Supervisors adopted a plan dividing Los Angeles County into eight Service Planning Areas (SPAs) for the purposes of planning, information-sharing and data-gathering. First developed by the Children's Planning Council, these SPAs are now used by county departments to coordinate and integrate services and programs throughout the county.<sup>17</sup> The eight SPAs are:

SPA 1 – Antelope Valley SPA 2 – San Fernando Valley SPA 3 – San Gabriel Valley SPA 4 – Metro<sup>18</sup> SPA 5 – West<sup>19</sup> SPA 6 – South<sup>20</sup> SPA 7 – East<sup>21</sup> SPA 8 – South Bay The SPAs vary widely in size and population. While SPA 1 covers 2,232 square miles it only includes a population of slightly over 332,000; while SPA 6 is only 77 square miles in size but contains a population of over 985,000.<sup>22</sup> In the appendixes, all of the data is broken down and analyzed for two separate geographic divisions: Supervisorial Districts and county Service Planning Areas (SPAs). There are five Supervisorial Districts, and eight SPAs, which vary widely in geographic size as well as ethnic and socioeconomic composition. This level of analysis is intended to allow for better targeting of child expansion efforts within the county.

## Methodology

In order to build a comprehensive picture of child-care capacity in Los Angeles, PACE conducted a telephone survey of over 2000 child-care center directors and family child-care home providers (FCCHs) in summer, 1999. The centers and FCCHs selected to participate in this survey were pulled from a master list of over 7000 licensed providers who appeared in both the Community Care Licensing and Resource & Referral agencies' (R&Rs) databases (see Appendix 8). These are referred to as the "matched" providers. A stratified random sample of providers was drawn by SPA and type of firm (FCCH or center). Eighty-five percent of the providers that were reached completed phone interviews that averaged 15 minutes each.

The survey was organized into the following focus areas: licensed capacity and "shadow" capacity (how many children providers prefer to serve); vacancy rates; expansion potential and barriers; languages spoken by providers, parents and children; care provided for temporarily ill children; and care available for children with special needs (defined broadly, e.g., including disabilities, transportation, flexible hours, and other barriers). The length ran from between 31 and 36 questions, depending on the type of firm interviewed and the responses to selected items (See Appendix 9 for a complete list of survey items).

The analysis of the overall child care capacity within the county includes an additional 1033 FCCH providers who appeared only in the Community Care Licensing Database. At the time of the survey, the status of these providers was unknown so they were excluded from the sampling frame. Calls made after the completion of the survey verified the enrollment and the preferred capacity of these providers.<sup>23</sup>

As survey participants were selected via a stratified random sampling scheme by SPA and firm type, the results can be generalized with confidence both to the SPA level and to the county as a whole. However, in order to analyze the survey results for Supervisorial districts, the data was re-weighted and subjected to approximations. Thus, results at this level are much less precise and should be interpreted only as rough estimations (see Appendix 10).

#### Main Findings

In brief, this survey uncovered the following findings, which are described in more detail in subsequent sections:

• Overall, the supply of licensed child care in Los Angeles County is very low when compared with the child population estimated to need care.<sup>24</sup> There are fewer than 16 licensed child-care slots per 100 children age 0-12 estimated to need care. (Section II.) .

- Licensed child-care capacity varies widely between SPAs. While there are sufficient slots to serve 18% of the population age 0-12 in SPA 5, only 6% can be served in SPA 7. (Section II.)
- Care for infants and school age children is in short supply, relative to care for preschool age children. (Section II.)
- Despite low capacity numbers, there are vacancies throughout the county. The availability of spaces varies by SPA; centers report vacancy rates of between 14% and 20% by SPA, while in FCCHs the rate is between 19% and 26%. (Section II.)
- A significant number of centers report that space constraints and zoning requirements are major barriers to expanding their services. (Section V.)
- There is both good and bad news concerning child care for children with special needs. Most providers are able to care for children with mild special needs or chronic conditions, but fewer are equipped to care for children with severe special needs. (Section III.)
- Very little care exists for ill children who are enrolled in centers, as compared to those served by FCCHs. (Section III.)
- Countywide, there is a high willingness to serve subsidized children. (Section III.)
- Little care is available during non-traditional hours. Among providers who do provide care at off hours, more FCCHs than centers offer flexible-hour care: countywide, drop-in care (30% total county-wide). Countywide 20% of centers and homes offer evening care. (Section III.)
- Centers are more likely than FCCHs to provide care in languages other than English. (Section IV.)

Subsequent sections of this report provide more detail about the findings summarized above.

## II. Capacity and Demand

Information on child-care capacity reveals the level of need for expansion. This section addresses how many licensed child care spaces exist in Los Angeles County and then considers the potential for the present supply to meet parental demand for care. The analysis takes current vacancy rates into account. It is important to realize that this measure of capacity includes a number of preschools (about 1/3 of the center sample), many of which offer only half-day shifts. The total licensed capacity also does not account for all care options open to parents. Many families choose to place their children in license-exempt settings, which include but are not limited to care provided by relatives or friends, and before and after-school enrichment programs. However, no comprehensive data exists on the supply and utilization of exempt care. This study therefore focuses on licensed care for infants, preschoolers and school-age children.

Furthermore, the data presented here has some measure of error built in to it. As noted in the introduction, existing data on the universe of licensed child-care providers is not entirely reliable. Two unrelated entities maintain unlinked databases of licensed providers in Los Angeles County: the California Department of Social Services Community Care Licensing Division (CCLD) and the ten Child Care Resource & Referral agencies (R&Rs) serving the county. Although this study utilizes supply numbers developed via an extensive process of reconciling data from all of these organizations, the numbers may still exclude some active providers, and likewise some centers and FCCHs that no longer provide child care may be included (for more information on both database limitations and the data reconciliation process, see Appendix 8).

## Determining Capacity

The procedure for determining capacity occurred in two steps. First, the numbers of licensed child-care slots



(as reported in the matched database) were adjusted to reflect the licensed capacity that providers reported (Countywide, the matched data underestimated licensed capacity by 5% for centers and 3% for FCCHs). Then the provider-reported licensed capacity was reduced to reflect providers' preferences to serve fewer children than their license permits. Previous studies of child-care supply assumed that providers wanted to operate up to their maximum capacity. *However this survey found that 49% of FCCHs and 14% of center providers preferred to care for fewer children than their license allows.* FCCHs prefer to fill only 88% of their slots on average while centers prefer to fill 96%. Licensed capacity records should be reduced to reflect these preferences when determining the overall supply of child care. The overall reduction in the number of licensed slots countywide is not large (7%), from 202,432 slots to 189,343 (For variations in reduction rates among Service Planning Areas (SPAs) or Supervisorial districts see Appendix 2).

#### Estimating Demand

Estimating parental demand for licensed child care is a difficult task as multiple factors contribute to the need for care. These factors include child population counts, maternal labor force participation, the ability of parents to pay for licensed care, parent knowledge about available care, and parental preferences. For the purpose of this report, ratios of child-care slots to children are utilized to show the percentage of the child population that could be served with the existing supply. This comparison is made with and without consideration of maternal labor force participation rates (MLFP) from 1990 census data. In the final comparison, a portion of the CalWORKs child population (30%) is also included, assuming they represent new demand for child-care services.<sup>23</sup> To put these percentages in perspective, they are compared to average licensed-care use rates at the national level and the average supply of child-care slots statewide.

	Population a	and Capacity <sup>1</sup>	% of Population Served by Demand Estimator <sup>2</sup>		nd Estimator <sup>2</sup>
Age group/ Type of Care	Estimated child population	Providers' preferred capacity	All children in the county	Children with working mothers	Children with working mans + 30% of the CalWORKs child pop
FCCH total	1,914,722	55,030	3%	5%	<b></b>
Center total	1,914,722	134,314	The state	12%	<u>. 11%</u>
Center: infant (<3yrs)	458,788	5,648	196	2%	2 <b>56</b> R
Center: pre-school (3-5)	453,179	103,700	- 25%	4%	41%
Center: school- age (6-12)	1,002,755	24,889		<b>4%</b>	<b>4%</b>
Total Market	1.914.722	189.343	Post Index	1.15	AND THE SAL

Comparing preferred capacity to demand indicators; child population, maternal labor force participation rate, and CalWORKS child population.

Notes: 1) Population estimates taken from the United Way Zipcode Book for 1998. 2) The 1990 census maternal labor force participation rate for Los Angeles County mothers with children under 6 (in both one- and two-parent families) was 51.5% for children age 6-17 it was 64.5% An average MLFP rate of 57.5% was applied to the child population to obtain the number of children estimated to have working mothers. This total was used to calculate the percent who could be served. In the final column 30% of the 1998 CalWORKs child population was added to the number of children with working mothers to get a more complete demand estimate.

The above table shows child population estimates, providers' overall preferred capacity, and the percentage of resident children potentially served by three different demand estimators (all children in the county; children with working mothers; and children with working mothers plus 30% of CalWORKs children). FCCH slots are *not* age-specific and therefore are *excluded* from the age group analysis). SPA and Supervisorial-level estimates are reported in Appendix 2.

Looking at the *Total Market Supply* row, there are an estimated 1,914,722 children under age 13 in Los Angeles County and 189,343 child-care slots. Therefore, only 10% of the total child population could be served. If only employed mothers seek child care, the percentage of children potentially served increases to 17%, still below the state's average of 21%.<sup>26</sup> Adding 30% of the CalWORKs child population slightly reduces the percentage of children potentially served, to 16%.

## Infant and School Age Capacity

Specific age group comparisons at the county level show that infants and school age children are the worst off in terms of child care availability. At best, FCCH slots for infants and school age children can serve only 5% of the total population in the County. The survey found that center slots targeting infants and school age children can serve 1% and 2% of the total populations respectively. A comparison of these percentages to the average numbers of children relying on center care nationally (about 5% for infants and 14% for school-age children) suggests that the County is facing a shortage of center care for these age groups.<sup>27</sup> It is important to note that parents generally rely on relative or home-based care (including FCCHs) for children under the age of two. At most, FCCH providers add an additional 5 slots for every 100 children expected to need care. And providers serving younger children face stricter child: staff ratios. The supply of care in this sector does not greatly impact the overall availability of licensed care.

## Preschool Capacity

Preschoolers are the largest group in the child-care system. Many parents place their children in preschool or center-based programs for social and educational benefits regardless of their employment status. In fact, labor force participation does not significantly impact the demand for care in this age group (44% nationally).<sup>28</sup> Looking at Table 1, at most only 23% of Los Angeles County's preschoolers can be served by existing center slots.



Vacancies: Sufficient Supply, Costs or Quality? Despite the apparent supply shortage, many of the providers in Los Angeles County report having vacancies. At the time of the survey there were an estimated 111,480 children enrolled in centers and

42,923 in FCCHs, leaving 17% of center and 25% of FCCH slots vacant.<sup>29</sup> (These rates

do not differ significantly from those recorded in 1995.) Vacancy rates impact both parents and providers. For providers, low enrollments drive closures. This is a special concern for FCCH providers who operate at a 25% vacancy rate on average. Center vacancies are lower overall, and are also unevenly distributed; while some centers have vacancies, over half have waiting lists (See Appendix 4 for SPA and Supervisorial district rates and notes).

For parents, these vacancy rates could indicate that the supply of child care is more than sufficient in meeting their demand. But the presence of waiting lists suggests that other factors, such as the cost, quality of care, and location, are involved. 52% of the centers in the survey had waiting lists with an average of 37 children per site. Seventy percent of the children on waiting lists were preschoolers, demonstrating that while the supply is relatively higher for children in this age group, it may not be adequate to meet demand.

Percent of centers with waiting lists, by age group served.			
age	% of centers with waiting lists <sup>1</sup>	Average # of children on list <sup>2</sup>	
infant	11%	32	
preschool	40%	34	
school age	10%	21	
TOTAL	52%	37	

<sup>1</sup>Some centers maintain separate waiting lists for each age group. Thus, there are more waiting lists, as reflected in the columns listing age breakdowns, than there are centers with waiting lists. The "Total" row reflects the number of centers with waiting lists, rather than the number of lists themselves.

<sup>2</sup>The average number of children in the "Total" row was calculated to include *all* children on waiting lists, regardless of age.

Whether or not the child care market is sufficient to meet the needs of parents depends on a number of factors including the following: cost (parent can afford to pay for needed services), quality (parent feels that available services are safe and nurturing for their child), location (parent lives close to care or has transportation to access it), and information (parent knows the care is available).

• Cost: Both Resource & Referral agencies and the Census Bureau cite the cost of licensed care as a barrier for low-income families seeking child care. Parents earning



up to \$30,000 spend an average of 22% of their income for licensed care, while median-income families pay about 17%.<sup>30</sup> The cost of care in Los Angeles County is quite high, averaging \$595 per month for infants and \$461 per month for preschoolers.<sup>31</sup> At the same time, over 40,000 families are on waiting lists to receive state Alternative Payment Program child-care subsidies.<sup>32</sup> This indicates that cost is a concern for numerous families in the county. If all of these families obtained child-care subsidies, demand for licensed care could swell rapidly.

Quality: Even if families can afford the cost of care, concerns about quality may keep them from utilizing existing services. A recent four-state study that included California found mediocre quality is common in all licensed child-care settings and that high quality providers are rare. Centers fared better than FCCHs, with only 12% receiving poor quality (or growth-harming) rankings compared to 35% of family child care homes.<sup>33</sup> In focus groups conducted by PACE researchers as part

Number of slots per 100 children aged 0-12 estimated to need care.			
SPA	# of slots per 100 children needing care	Super- visorial district	# of slots per 100 children needing care
1	17.6	1	9.2
2	19.0	2	16.5
3	17.0	3	18.8
4	11.8	4	15.8
5	27.8	5	20.5
6	16.7		
7	10.1		
8	16.7	and the second sec	60140

<sup>1</sup>Children with working mothers and 30% of the CalWORKs population (See notes for chart on p. 8). Providers' preferred capacity used for estimate.

of a separate study of child-care supply and demand, mothers in Los Angeles County reported having a lot of concern about the quality of licensed care available to them. They described homes and centers which they refused to utilize or had to leave, for reasons ranging from lack of cleanliness to abusive practices. Mothers also described their search for providers that offered not only safe and nurturing environments but also educational activities ranging from language development to homework assistance.<sup>34</sup>

• Location: Earlier reports have mapped out the supply of care relative to the number of resident children, revealing areas where access may be hindered for parents seeking care near their homes. Low income communities in particular have less access to



licensed child care relative to wealthier neighborhoods.<sup>35</sup> Given that many lowincome parents face transportation constraints, the location of care is often a big factor in the selection of child-care providers. Taking maternal employment and CalWORKs participation rates into account, the table on page 9 shows the number of slots per 100 children needing care by SPA and Supervisorial District. On average, SPAs 4 and 7 fall significantly below the county average, as does Supervisorial District 1. These areas should receive first consideration for development efforts. But the County should not overlook the fact that high-need areas still exist within child care-rich SPAs and Supervisorial Districts.

 Information: While Resource & Referral agencies are available to help parents find available child-care slots, all parents needing care may not know of these services. Moreover, centers and FCCHs may not have other means for reaching potential clients. Therefore, parents wanting licensed child care may not be able to locate vacant slots in FCCHs or centers near to them, while providers with vacancies may not be connecting with parents needing their services.

Appendix 2 provides a zip code level analysis of the number of slots per hundred children expected to seek care. This level of analysis is necessary to target areas with the greatest need of care since child-care supply varies widely within SPAs and Supervisorial Districts. In other words, even in SPAs or Districts whose overall child-care supply is above the county average, there can be areas of severe shortages. For example, in SPA 2 there is an average of 19 slots per hundred children, and yet zip code 91402 supplies only 2 slots per 100 children. Zip code level maps of these ratios will indicate if parents have access to care in neighboring zip codes that are rich in child care.

## III. Special Types of Care

Los Angeles County encompasses an extremely diverse population in which families have differing work hours, linguistic backgrounds and incomes--all of which impact the type of child care parents need. Other critical child-care issues cut across these demographic differences, such as the need for care for ill children and children with special needs. This section looks at how well the child-care market has responded to parents' needs for different types of care. For SPA and Supervisorial-level tables and estimates of the number of slots per 100 children, see Appendix 4.

Non-Traditional Hours Care With the growth of employment in the service industry, increasing numbers of parents are working nontraditional hours. These parents are more likely to find child-care arrangements in FCCHs than centers because homes supply almost two thirds of all evening care and 84% of all weekend care. While more



centers (20%) offer temporary or drop-in care than any other non-traditional hours care, FCCHs still provide greater flexibility. More FCCHs offer this care, and although they represent a smaller number of slots overall than centers, there are more of them. FCCHs also have higher vacancies than centers, and thus overall a greater ability to absorb children on an as-needed basis. Centers' low provision of other non-traditional hours care is due in part to a perceived lack of demand (45% claimed that low demand kept them from expanding this type of service). Parents may prefer to have their children cared for at home during these hours, or they may not be aware that providers might be willing to expand their hours, and thus do not express interest in these services.

Subsidized Care More than half of Los Angeles County's children live in lowincome families, many of whom depend on subsidies to gain access to child care services. Difficulties



with the subsidy payment system were thought to have deterred some providers from serving low-income families using government vouchers or subsidies, which would severely limit low-income parents' choice of child care. But this is not the case; 87% of FCCHs and 97% of center providers are willing to take subsidized children. Centers are more likely than FCCHs to actually be serving subsidized children (77% vs. 58%).

## Ill Child Care

Advocates assert that home is the best place for an ill child, but staying home is not always an option for working parents. A recent statewide poll by the Los Angeles Times found that many parents either



cannot afford to take time off to care for their children or they feel that their employer would not allow it.<sup>36</sup> And yet, center providers who must acquire a special license and secure separate space to care for ill children have not responded to this need. Seventy-seven percent of FCCHs said they would accept ill children who were currently enrolled; 28% would also take in ill children who they currently were not serving. Still, the total supply of slots available in FCCHs willing to care for mildly ill children (35,705 for enrolled children) could at most serve only 3% of the population expected to need care at any given time. Any effort to expand the availability of care for ill children needs to focus on centers; eighteen percent of current center providers (accounting for 22,296 slots) are open to getting an ill child license.



Children with Special Needs Providers were asked about their ability to serve children with different kinds of special needs, divided three categories: *Mild Special Needs* included hearing or visual disabilities, mild behavior or learning disabilities; *Severe Special Needs* included physical



disabilities, retardation, or use of feeding tube; and *Chronic Conditions* referred to allergies, asthma, or diabetes. For all three categories, centers reported the ability to care for special needs children at greater rates than FCCH providers. Many noted that they were legally bound to do so because they received federal funding. The survey found that providers accounting for 76% of all child-care slots are willing to serve children with mild special needs while only 28% are willing and able to accept children with severe special needs. Eighty percent of all child-care slots in the county are open to children with chronic conditions.

## IV. Language

The graphs in this section illustrate that there are populations in Los Angeles who are utilizing licensed child-care but not necessarily being served in their native language. These graphs compare the percentage of providers speaking a language to the percentage of providers serving families who speak that language. For example, 13% of centers serve Korean-speaking children countywide, but only 3% of center providers speak Korean. In family child-care homes, the percentage of providers serving



children who speak languages other than English outnumber the percentage of FCCH providers speaking these languages except for Russian, Armenian and Farsi. There is potentially an unmet need for non-English language services, especially for young children whose parents prefer the native language.

It is also important to note that these findings pertain only to families accessing licensed child care. Children not in licensed child care settings are left out of this comparison. It is possible that the linguistic mismatch between the languages spoken by families and providers may be greater than observed here, since non-English speaking parents may not be approaching the licensed child care system at all.



To identify the magnitude of the mismatch between the languages spoken by families and languages spoken by providers, it is necessary to compare the percentage of slots where a language is spoken to the percentage of children in the population who speak the language. The tables in Appendix 6 provide a supply side projection of the number of slots where each language is spoken at the county, SPA and Supervisorial level.

However, these tables do not give a complete picture of language need in the county. Current data on the major languages spoken in each SPA and county-wide was not available at the time of this analysis; that information is needed in order to develop a complete picture of the need for care in languages other than English.

## V. Barriers to Expansion

The survey asked FCCH and Center providers about barriers to the overall expansion of child-care slots in their program. In addition, it asked respondents not currently providing non-traditional hours or special needs care what kept them from doing so. See Appendix 7 for SPA and Supervisorial-level information.



licensed to serve, and cited licensing restrictions as a barrier to expanding (23% FCCH, 31% center). The need for more staff was also mentioned by both FCCHs (16%) and centers (13%). Lack of demand was a much greater concern for FCCH providers than for center providers (23% FCCH vs. 9% centers); this was not surprising given that FCCHs also have higher vacancy rates on average. Providers choosing to care for younger children are required to have lower child/adult ratios, reducing the number of children that they can care for. Many FCCH providers (9% of other) also choose to employ lower child/adult ratios because they want to provide high quality care. Unlike center directors, a fair number of FCCH providers (15%) stated that they simply could not handle caring for any more children, regardless of any additional support offered. Both types of providers mentioned transportation as a barrier to increasing their client base. One surprise was that only 3% of FCCH providers mentioned the cost of care as a barrier, and

center directors did not bring it up at all, while several studies point to affordability as a major concern for parents.<sup>37</sup>

## Special Needs Barriers

Appropriate staffing, training, and facilities topped the list for both types of providers as barriers to offering special needs care. Many centers mentioned that they were required to accept children with disabilities as a condition of receiving federal funding. Some FCCH providers (11% of other) felt that special needs



children required additional time which would force them to choose between reducing the quality of care that they were able to provide or reducing their client load, which many could not afford to do. Some providers noted that government-sponsored reimbursement rates fail to account for the additional time needed to care for these children; thus serving these children was sometimes too costly. Some FCCHs also mentioned that working with special needs children was too demanding or that they simply preferred not to serve this group.

#### Barriers to Care During Non-Traditional Hours

Providers not currently open during non-traditional hours (evenings, overnight and weekends) were asked what prevented them from offering care at those times.<sup>38</sup> Centers were primarily concerned about finding staff willing to work non-traditional hours (51%), while home providers wanted to preserve personal or family time (82%). A significant percentage of both groups perceived a lack of demand for this type of care (45% of centers, 25% of FCCHs), reinforcing the idea that parents prefer to use relatives or



friends during these hours. If demand for non-traditional hours services were low, it will be especially difficult for center providers to cover their operational costs. In addition,

where nighttime or weekend care was not an option because of limitations on the lease. Despite these constraints, 12% percent of center providers said they were willing to consider expanding their hours of operation.

## VI. Summary and Recommendations

This report provides a snapshot of the licensed child-care system in Los Angeles County at the county-wide level and, for the first time, at the SPA and Supervisorial District levels. This section reviews the major findings, and presents recommendations for action as well as further study.

## Capacity

Our survey confirms earlier reports that the overall supply of child care in Los Angeles County lags behind national and state averages, and that some regions within the county are better off than others. The supply of licensed child care is especially low in SPAs 4 and 7 and Supervisorial District 1. In addition, there is little care available for infants across the county, as well as relatively fewer slots for school-age children. The county has already embarked on a significant effort to increase the supply of after-school care for school age children, which is not reflected in this report. However, other child care expansion efforts are needed.

- Child care expansion funds should be targeted toward increasing the amount of care available for infants in all areas of the county.
- Expansion funds should also be targeted toward increasing the overall supply of care in SPAs 4 and 7 and Supervisorial District 1.
- County planners should look closely at the zip code level supply data in all SPAs, to determine where within SPAs there are serious shortages of child care.
- To identify even more precisely the areas in the greatest need of child care expansion, mapping capacity data at the zip code level is recommended.

#### **Barriers to Expansion**

Center directors stated that the need for additional space was the biggest barrier to expanding their programs. They also mentioned zoning and licensing requirements as additional restrictions. In contrast, FCCHs were concerned that there was not sufficient demand to warrant expansion of their facilities. Staffing concerns were brought up by both.

- Funds should be targeted toward expanding existing facilities if they can demonstrate demand for additional slots. Many centers have long waiting lists and could provide care for more children if they were able to increase the size of their facility.
- Technical assistance in addressing zoning or licensing problems should be available to providers receiving financial assistance with expansion.
- Financial assistance should also be made available to small FCCH providers interested in becoming large FCCH operators or to those wanting to open centers if they can prove that there is demand for their services.
- Staff recruitment and retention programs should be developed, to assist centers and FCCHs in acquiring and retaining a well-trained workforce. Financial incentives to individuals who enter and stay in the field may help this process.

## Vacancies

In addition to shortages in child-care supply, the survey revealed that many licensed child-care providers do have vacancies. At first glance, these vacancies could suggest that the current supply of care is sufficient in Los Angeles County. The prevalence of waiting lists, however, suggests that parents cannot or do not want to access existing care providers. Possible reasons for this include cost concerns, location issues, language differences, and concerns about the quality of care in centers and homes with openings. In addition, parents may lack information about existing programs.

- Further investigation into why there are vacancies in communities that have a low supply of licensed child care is needed. Surveys of parents, providers, and referral agencies could help identify what information parents have about child care-providers, how they select their caregivers, and what barriers to using licensed care they face such as cost or transportation.<sup>39</sup>
- If parents seeking care are not able to find the providers with openings, more outreach by resource and referral agencies to both parents and providers needs to happen.

- If cost issues are primary, then the county should provide child-care subsidies to those low-income parents unable to obtain subsidies from other sources.
- County and/or resource & referral agencies should conduct surveys of providers
  periodically to gather current vacancy information and to re-assess whether
  licensed capacity and preferred capacity differs significantly.

## Supply and Vacancy Rate Data Issues

One of the difficulties in determining accurate supply and vacancy results from there being multiple organizations that track child-care providers in unlinked databases. The California Department of Social Services Community Care Licensing Division (CCLD) and the ten child-care resource & referral agencies in Los Angeles County each maintain separate files on licensed providers. Some of the differences between CCLD and R&R databases result from CCLD including information on providers who are licensed, but not active, or who are licensed but do not accept referral services, while R&R databases sometimes exclude these providers. In addition, CCLD keeps individual records for each license, whether or not the license is for a facility operating with multiple licenses. R&Rs do not maintain their files in this manner. Thus, CCLD data tends to over count the supply of licensed care, while R&Rs undercount it. Finally, neither CCLD nor all of the R&Rs regularly track vacancy rates. There are a number of steps R&Rs can take to align their databases with those of CCLD and more accurately reflect the total picture of available child care in the county.

- Regular reconciliation of R&R and CCLD databases will help eliminate some of the data discrepancies described above (see Appendix 8 for suggestions on this process).
- All of the county's resource and referral agencies should include all active licensed child-care providers in their databases, whether they accept referrals or not, to eliminate R&R undercounting of the child-care supply.

## Special Types of Care

## **Non-Traditional Hours Care**

There is very little care available during non-traditional hours. At the same time, however, there is a perception among many providers that there isn't demand for these services. Parents who desire licensed care during non-traditional hours need to be able to find providers offering this service, and providers who are willing to operate during evening and weekend hours need to be connected with parents seeking these services.

- Outreach to child-care providers should be conducted to inform them of the potential demand for non-traditional hours care.
- At the same time, the county should work with R&Rs and other community
  organizations to increase parent awareness of the availability of licensed care
  during non-traditional hours. Informing parents about the willingness of FCCHs
  to offer non-traditional hour care may increase enrollment for these providers
  while meeting parents' demand for these services.
- To track parent interest in licensed child care at non-traditional hours over time, the county should collaborate with R&Rs; they gather data on the types of referrals requested.<sup>40</sup>
- If parent demand exceeds supply, financial incentives should be offered to centers and FCCHs willing to operate at night and on weekends.
- If centers and FCCHs have difficulties attracting staff to work during nontraditional hours, the county should provide financial incentives to employees who agree to work these hours.

## **Child Care Subsidies**

The vast majority of providers surveyed stated they were willing to care for subsidized children.

• At present, no action is needed to encourage providers to take children paid for with government subsidies. However, future surveys of providers conducted by either the County of Los Angeles or R&R agencies should continue to ask providers if they are willing to accept children with subsidies.

 Given that providers are willing to care for children with subsidies, the county should provide subsidies to the lowest income parents on waiting lists for state Alternative Payment Program subsidies.

## **Ill Child Care**

There is very little care for ill children available in child care centers; there are only 4 centers in the county that are designated as ill child centers. However, 18% of centers surveyed were willing to consider obtaining a license to care for ill children. FCCHs are more flexible about caring for mildly ill children, but the overall supply is limited.

- Efforts to expand the availability of care for ill children need to focus on centers.
   Financial assistance should be provided to centers willing to obtain a license to care for ill children across Los Angeles County.
- The county should support development of additional temporary/drop-in child care facilities for ill children throughout the county.

#### **Care for Children With Special Needs**

Providers are generally willing to care for children with mild special needs or chronic health conditions. However, they felt less capable of caring for children with severe special needs. Children with severe needs make up a smaller percentage of the population so it is difficult to determine whether they face a more significant shortage of care than do the general population.

- In order to increase both the access to and the quality of care for children with special needs, low-cost or free training programs on working with this population should be offered to child-care providers in both centers and family child care homes.
- The County should provide financial assistance with the cost of making child care centers and family child care homes Americans with Disabilities Act (ADA) compliant.

- Informing parents about the willingness of FCCHs to offer special needs child care may increase enrollment for these providers while meeting parents' demand for these services.
- The Los Angeles County Child Care Planning Committee has a Task Force on Special Needs and Inclusion that is studying the need for special needs care in more detail. Their research should be used to help determine how and where the existing supply of care for special needs children should be enhanced.

## Transportation

53% of FCCHs and 15% of centers surveyed offer transportation services to their clients. These services alleviate geographical constraints and assist working parents who may need mid-day transportation for their school-age children. Unfortunately, only 4% of the child population expected to need child care could be served by providers currently offering transportation (see Appendix 4).

- Providers willing to but currently unable to provide transportation should be offered assistance. This assistance could be in several forms: financial assistance for the purchase of safe vehicles, a vehicle loan program, or direct payments to private and/or public transportation companies willing to serve child care homes and centers.
- An alternative to individual providers offering transportation is development of a flexible shuttle system available at a low-cost (or no cost) to parents otherwise unable to take their children to licensed child-care providers.

## Languages

The results of the research on child care in languages other than English are inconclusive. While the study identified which languages providers and their clients speak, it does not provide information on parents who do not use licensed care and whose first language is not English. Thus we do not know if these parents are not accessing licensed care because of language barriers or because they prefer other options. Moreover, we did not have data to match the languages spoken in child care facilities with those most common in the surrounding community.


- The county should work with R&R agencies and other community-based organizations to produce and distribute materials on licensed child care in all of the major languages spoken in the county. These materials should focus both on assisting parents in accessing referral services as well as educating them on the importance of quality care, whether exempt or licensed.
- More work needs to be done to determine whether language differences are barriers for parents seeking licensed child care.

#### **Quality Issues**

Although this study did not focus on the issue of quality child care, this topic cannot be separated from efforts to increase access to licensed child care for Los Angeles County residents. As noted in the introduction, quality child care can play a significant role in preparing children for school. As the county engages efforts to bolster the supply of licensed child care, planners have a unique opportunity simultaneously to improve the quality of care available. In this light, we have several recommendations:

- Ensure that expansion efforts focus on quality as well as quantity. The goal should not be expanding the supply of care regardless of the attributes of that care. Expansion funds for centers and homes should be tied to specific quality measures, and only those firms or individuals meeting well-defined requirements or willing to improve should be provided support.
- Make sure that parents have access to the tools and information necessary to help them identify quality care providers. As noted above this includes making materials available in all of the major languages spoken in the county, as well as connecting parents with resource & referral agencies and other child care advocates who can provide these resources.
- Offer quality improvement assistance to child-care providers. Make sure they
  have access to continuing education programs focused on quality care and provide
  financial assistance for age-appropriate educational materials, as well as for
  needed capital modifications. In addition, provide information to providers on
  how to pursue becoming accredited by organizations like the National Association

for the Education of Young Children (NAEYC) or the National Accreditation Commission of the National Association of Child Care Professionals.

Support enhanced regulatory controls for child care. Community Care Licensing
is mandated to visit active providers only once every three years, unless there is a
complaint levied.<sup>41</sup> R&Rs have neither the resources nor the legal authorization
to monitor providers, although R&R and APP programs provide information to
parents on how to report violations or concerns to CCLD. The county should
advocate to the state that additional monitoring of licensed providers be mandated
and funded, and work with CCLD staff to see if there are interim steps that could
be taken to improve oversight of providers.

#### Future Research

As noted in the introduction, this study focused on developing a more accurate picture of the supply of licensed child care in Los Angeles County. However, it was not intended to or able to address demand issues. We suggest that future research focus on parent demand and preference issues, including those raised above in the discussions of vacancy rates, languages spoken by providers, and special needs care. R&R data on the requests parents make can help planners develop a picture of the demand for care, but it is important to also talk with parents who are not aware of or are not accessing R&R services. Finally, developing an accurate picture of the supply of license-exempt group care is an important piece of the child care picture that should not be overlooked. While this study did not address this piece of the child care market, it cannot be ignored when trying to understand supply and demand issues.<sup>42</sup>

#### **Final Thoughts**

Los Angeles County has already embarked on an ambitious program to expand the supply of licensed child care around the county. The Board of Supervisors has appropriated \$74 million for the development of after-school care at elementary schools across the county and has set up a \$10 million grant and loan fund aimed at developing new facilities, expanding existing facilities, and improving the quality of care available in the county. These programs represent a significant move toward meeting some of the needs uncovered in this study.



As expansion efforts continue, child care planners must be careful that the push to increase the supply of care does not compromise efforts at improving the quality of care. It is also important that the County gather updated data on the supply of licensed care periodically, and work with R&R agencies and CCLD to improve the accuracy of the data provided. Finally, parents need to be involved in the planning process, to insure that the supply of licensed child care truly meets their needs. Maintaining an adequate supply of quality child care in a region as large and complex as Los Angeles County is a huge challenge. It will require continual monitoring and investment to guarantee that parents have access to real quality choices for child care.



#### Endnotes

<sup>1</sup> Child Care Indicators, Volume II (1999). Berkeley and San Francisco : Policy Analysis for California Education (PACE) and California Child Care Resource and Referral Network and California Child Care Portfolio (1999). San Francisco: California Child Care Resource and Referral Network.

<sup>2</sup> PACE is developing a preliminary inventory of license-exempt providers in Los Angeles County, which should be available Summer 2000.

<sup>3</sup> California Child Care Resource and Referral Network and California Child Care Portfolio (1999). San Francisco: California Child Care Resource and Referral Network.

<sup>4</sup> Child Care Indicators, Volume II (1999). Berkeley and San Francisco : Policy Analysis for California Education (PACE) and California Child Care Resource and Referral Network.

<sup>5</sup> Fuller, Coonerty, Choong, and Kipnis (1998). An Unfair Head Start: California Families Face Unequal Access to Child Care. Berkeley, CA: University of California, PACE. California Child Care Portfolio (1999). San Francisco: California Child Care Resource and Referral Network.

(1999). San Francisco: California Child Care Resource and Referral Network. <sup>6</sup> For a more detailed paper on economic theories and child care, see Loeb, S., et. al. (2000). "Defining Unmet Need in Child Care." Berkeley: PACE (forthcoming, summer 2000).

<sup>7</sup> California Vital Statistics Birth Records. Totals exclude births to parents with missing race and ethnic data.

<sup>8</sup> California County Data Book (1999). Oakland, CA: Children Now.

<sup>9</sup> Los Angeles County Children's Scorecard 1998 (1999). Los Angeles: United Way of Greater Los Angeles and the Los Angeles County Children's Planning Council.

<sup>10</sup> Tafoya, Sonya M. (2000). Mixed Race and Ethnicity in California. San Francisco: Public Policy Institute of California.

<sup>11</sup> California Child Care Portfolio (1999). San Francisco: California Child Care Resource and Referral Network.

<sup>12</sup> Children Now (1999).

<sup>13</sup> Children's Scorecard 1998 (1999).

<sup>14</sup> Children Now (1999).

<sup>15</sup> Fuller, Coonerty, Choong, and Kipnis (1998).

<sup>16</sup> Fuller, Coonerty, Choong, and Kipnis (1998).

<sup>17</sup> Laying the Groundwork for Change Los Angeles County's First Action Plan for Its Children, Youth And Families. (1998). Los Angeles, CA: Los Angeles County Children's Planning Council. A copy of this report, including a map of the SPAs is available on-line on the Children's Planning Council website: www.childpc.org.

<sup>18</sup> SPA 4 includes Downtown Los Angeles and West Hollywood

<sup>19</sup> SPA 5 includes West Los Angeles, Santa Monica and Malibu

<sup>20</sup> SPA 6 includes Florence, Lynwood and Compton

<sup>21</sup> SPA 7 includes East Los Angeles, Montebello, Norwalk and Lakewood

<sup>22</sup> Children's Scorecard 1998 (1999).

<sup>23</sup> Many providers prefer to serve fewer children than they are licensed for. Taking this into account, we adjusted the overall licensed capacity in the matched provider population. This adjusted capacity served as the base number of child-care slots from which projections of special types of care were made to the actual licensed population.

<sup>24</sup> See the section titled "Estimating Demand," pp. 6-7, for more information on how need is estimated.
<sup>25</sup> This estimate is based on the mandate that in each county 30% of CalWORKs clients in single-parent families need to be working in FY 1998. This number increases by 5% each year through FY 2002, to meet Federal work requirements.

<sup>26</sup> The 1999 Child Care Portfolio produced by California Child Care Resource and Referral Network estimates that 21% of children in families where both parents work could be served by existing child-care slots statewide.

<sup>27</sup> According to the 1995 National Household Education Survey, 14% of children in grades K-3 use centerbased before-or- after-school-care on a weekly basis and between 6 and 17% of infants are enrolled in center-based care. Both of these figures are independent of mothers' work status.

<sup>28</sup> Fuller, Bruce, et.al. (1997). An Unfair Head Start: California Families Face Gaps in Preschool and Child-Care Availability. Berkeley, CA: University of California, PACE.

<sup>29</sup> Vacancy rates were calculated by comparing the total number of vacant slots to the total number of slots providers preferred to fill for each geographical area. Observed differences between geographical areas are subject to sampling error. See Appendix 3



<sup>30</sup> California Child Care Portfolio (1999). San Francisco, CA: California Child Care Resource and Referral Network.

<sup>31</sup> Children Now (1999).

<sup>32</sup> Personal communication, Kathleen Malaske-Samu, Los Angeles County Child Care Coordinator <sup>33</sup> Helburn, Suzanne and Howes, Carollee (1996). Child-Care Costs and Quality. Future of Children. Summer/Fall. www.futureofchildren.org

<sup>34</sup> CDSS-PACE Child Care Planning Project. Interim report will be released July 2000.

<sup>35</sup> Child-Care Indicators, Volume II (1999). Berkeley, CA: Policy Analysis for California Education and the California Child Care Resource and Referral Network, http://www.rrnetwork.org/sup maps/index.html, and California Child Care Portfolio (1999).

<sup>36</sup> Decker, Cathleen. "Finding Quality Child Care a Tough Task." Los Angeles Times, June 20, 1999, A1,

A32. <sup>37</sup> California Child Care Portfolio (1999), Children Now (199), and Casper, Lynne. M. (1995). "What Does <sup>38</sup> FCCH N=370; Center N=960

<sup>39</sup> As part of the CDSS-PACE Child Care Planning Project, PACE researchers are conducting focus groups with parents in Los Angeles County. This research is exploring, in part, how parents select child-care providers and the constraints on those choices. Preliminary findings will be released in the summer of 2000.

<sup>40</sup> For more information on referral tracking, see the 1999 California Child Care Portfolio.

<sup>41</sup> An additional ten percent sample of FCCHs is drawn and visited annually.

<sup>42</sup> See endnote #2.

# **SPA 1 - Demographics**

#### **Estimated Number of Children**

Age 0-5 33,792 Age 6-12 35,040 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers with:

Children under 6 45.74% Children 6 to 17 66.9% Source: 1990 Census

#### CalWORKs

18% of all *children* are in families participating in CalWORKs (12,482) Source: CPC

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA1. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 1 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 3,057 Center preferred capacity: 4,024

# Demand Group/Estimated number of children needing care:

38,898 with working mothers 3,745 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 17.6% of children needing care in SPA1 could be served by existing licensed child care slots.



# **SPA 2 - Demographics**

#### **Estimated Number of Children**

Age 0-5168,582Age 6- 12186,867Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

Children under 6 56.21% Children 6 to 17 67.94% Source: 1990 Census

### **CalWORKs**

9% of all *children* are in families participating in CalWORKs (31,284) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 2. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 2 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 8,839 Center preferred capacity: 33,283

# Demand Group/ Estimated number of children needing care:

221,717 with working mothers 9,385 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 19.0% of children needing care in SPA 2 could be served by existing licensed child care slots.



# **SPA 3 - Demographics**

#### **Estimated Number of Children**

Age 0-5 164,428 Age 6-12 188,204 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers with:

Children under 6 53.56% Children 6 to 17 65.36% Source: 1990 Census

#### CalWORKs

10% of all *children* are in families participating in CalWORKs (36,833) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 3. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 3 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 7,475 Center preferred capacity: 28,825

# Demand Group/ Estimated number of children needing care:

211,078 with working mothers 11,050 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 17.0% of children needing care in SPA 3 could be served by existing licensed child care slots.

	1	Ĩ
severe sp. need	5%	4
chranic cand.	13%	
mild sp.need	12%	ſ
ill child	<b>1%</b>	I
weekend	<b>1</b> 2%	1
overnight	2%	
evening	3%	1
temp. care	<i>6</i> %	
24hr care	<b>2</b> 1%	
provides trans.	<b>3%</b>	

# **SPA 4 - Demographics**

#### **Estimated Number of Children**

Age 0-5112,816Age 6- 12127,767Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

Children under 646.95%Children 6 to 1759.24%Source: 1990 Census

### CalWORKs

12% of all *children* are in families participating in CalWORKs (28,839) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 4. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 4 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 3,147 Center preferred capacity: 12,218

# Demand Group/ Estimated number of children needing care:

128,656 with working mothers 8,652 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served:** 11.8% of children needing care in SPA 4 could be served by existing licensed child care slots.

severe sp. need	<u>4%</u>
chronic cond	· ····································
mild spineed	9%
ඩ රාධ්ර	1%
weekend	1%
ovenight	1%
evening	<u>2%</u>
temp. care	3%
24hr care	1%
provides trans.	3%

# **SPA 5 - Demographics**

#### **Estimated Number of Children**

Age 0-530,522Age 6- 1237,892Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

Children under 6 55.8% Children 6 to 17 67.41% Source: 1990 Census

CalWORKs 8% of all *children* are in families participating in CalWORKs (5,229) Source: DPSS, January 1998

### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 5. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 5 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 2584 Center preferred capacity: 9,368

**Demand Group/ Estimated number of children needing care:** 42,574 with working mothers 1,569 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 27.8% of children needing care in SPA 5 could be served by existing licensed child care slots.

severe sp. need	<u>10%</u>	
chronic cond.	23%	
mild sp.need	23%	Ĩ
ill child	<b>W</b> 1%	And an
weekend	<b>2%</b>	
overnight	2%	
evening	3%	
temp. care	<b>6%</b>	
24hr care	1%	
provides trans.	3%	

# **SPA 6 - Demographics**

#### **Estimated Number of Children**

Age 0-5128,690Age 6-12130,375Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

 Children under 6
 39.67%

 Children 6 to 17
 55.55%

 Source: 1990 Census
 55.55%

# CalWORKs

22% of all *children* are in families participating in CalWORKs (56,410) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 6. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 6 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 7,395 Center preferred capacity: 14,686

# Demand Group/ Estimated number of children needing care:

123,475 with working mothers 16,923 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 16.7% of children needing care in SPA 6 could be served by existing licensed child care slots.



# **SPA 7 - Demographics**

#### **Estimated Number of Children**

Age 0-5 143,981 Age 6-12 154,448 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers wth:

Children under 6 51.33% Children 6 to 17 62.88% Source: 1990 Census

# CalWORKs

12% of all *children* are in families participating in CalWORKs (34,942) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children. who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 7. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 7 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 5,090 Center preferred capacity: 12,515

# Demand Group/ Estimated number of children needing care:

171,022 with working mothers 10,483 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 10.1% of children needing care in SPA 7 could be served by existing licensed child care slots.



# **SPA 8 - Demographics**

#### **Estimated Number of Children**

Age 0-5129,156Age 6- 12142,162Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

Children under 6 5 Children 6 to 17 6 Source: 1990 Census

53.04% 67.23%

# CalWORKs

16% of all *children* are in families participating in CalWORKs (42,866) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in SPA 8. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# SPA 8 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 8,425 Center preferred capacity: 19,395

# Demand Group/ Estimated number of children needing care:

164,080 with working mothers 12,860 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 16.7% of children needing care in SPA 8 could be served by existing licensed child care slots.



# Supervisorial District 1 -Demographics

#### **Estimated Number of Children**

Age 0-5216,773Age 6- 12228,742Source: Children's Planning Council (CPC) 1998projections

#### Percentage of working mothers with:

Children under 644.8%Children 6 to 1755.9%Source: 1990 Census

#### CalWORKs

13% of all *children* are in families participating in CalWORKs (58,543) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in Supervisorial District 1. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# Supervisorial District 1- Child Care Overview

**Estimated number of licensed slots** supplied by licensed providers in the matched database: FCCH preferred capacity: 5,024 Center preferred capacity: 16,716

# Demand Group/Estimated number of children needing care:

224,980 with working mothers 17,563 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served:** 9.2% of children needing care in Supervisorial District 1 could be served by existing licensed child care slots.



# Supervisorial District 2 - Demographics

#### **Estimated Number of Children**

Age 0-5 203,440 Age 6- 12 216,807 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers with:

Children under 646.7%Children 6 to 1761.8%Source: 1990 Census

### CalWORKs

19% of all *children* are in families participating in CalWORKs (78,357) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in Supervisorial District 2. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

### Supervisorial District 2 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 13,799 Center preferred capacity: 25,226

# Demand Group/Estimated number of children needing care:

228,890 with working mothers 23,507 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 16.5% of children needing care in Supervisorial District 2 could be served by existing licensed child care slots.



# Supervisorial District 3 -Demographics

#### **Estimated Number of Children**

Age 0-5 152,233 Age 6-12 171,430 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers with:

 Children under 6
 53.48%

 Children 6 to 17
 65.12%

 Source: 1990 Census
 65.12%

#### **CalWORKs**

9% of all *children* are in families participating in CalWORKs (29,015) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in Supervisorial District 3. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

# Supervisorial District 3 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 7,236 Center preferred capacity: 29,395

# Demand Group/Estimated number of children needing care:

193,049 with working mothers 8,705 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 18.8% of children needing care in Supervisorial District 3 could be served by existing licensed child care slots.

severe sp. need	7%
chronic cond.	16%
mild sp.need	14%
ill child	3%
weekend	劉 1%
overnight	1%
evening	臺遊 2%
temp. care	22. 2013 4%
24hr care	<b>1%</b>
provides trans.	3%

### Supervisorial District 4 -Demographics

#### **Estimated Number of Children**

 Age 0-5
 166,675

 Age 6- 12
 190,636

 Source:
 Children's Planning Council (CPC) 1998

 projections
 Planning Council (CPC) 1998

#### Percentage of working mothers with:

Children under 655.28%Children 6 to 1768.12%Source: 1990 Census

#### CalWORKs

12% of all *children* are in families participating in CalWORKs (43,620) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in Supervisorial District 4. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

### Supervisorial District 4 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 8,420 Center preferred capacity: 26,717

# Demand Group/ Estimated number of children needing care:

221,999 with working mothers 13,086 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served:** 15.8% of children needing care in Supervisorial District 4 could be served by existing licensed child care slots.



### Supervisorial District 5 -Demographics

#### **Estimated Number of Children**

Age 0-5 172,846 Age 6-12 195,140 Source: Children's Planning Council (CPC) 1998 projections

#### Percentage of working mothers with:

Children under 655.55%Children 6 to 1768.98%Source: 1990 Census

#### CalWORKs

11%% of all *children* are in families participating in CalWORKs (39,350) Source: DPSS, January 1998

#### Estimating demand for child care:

This report assumes that only working mothers (including CalWORKs mothers complying with federal work requirements) will need child care for their children. Maternal employment rates from the 1990 Census are used to estimate the percentage of children with working mothers and 30% of the CalWORKs child caseload is included in the demand estimate, assuming that welfare reforms have moved this percentage of mothers into the labor force. These children, who will need some sort of nonmaternal care, comprise our demand group. This study shows the percentage of children in the "demand" group that could find licensed child care in Supervisorial District 5. Important notes: 1) Parents have options beyond licensed child care listed with CCL and the R&R agencies and 2) Center slots include half-day programs.

### Supervisorial District 5 - Child Care Overview

Estimated number of licensed slots supplied by licensed providers in the matched database: FCCH preferred capacity: 11,482 Center preferred capacity: 36,383

# Demand Group/ Estimated number of children needing care:

230,624 with working mothers 11,805 children in CalWORKs families\* \*this is only 30% of all CalWORKs children

**Percent Served**: 20.5% of children needing care in Supervisorial District 5 could be served by existing licensed child care slots.





#### Appendix 2: Licensed Capacity Adjustments

As noted in Section 1, a two step process was used to find true capacity. First, R&R licensed capacity records were adjusted for the population to reflect provider-reported licensing. In their survey responses, many providers reported a greater licensed capacity than was recorded in R&R data. This was especially true for providers serving school-age children. In tables 1 A and B, numbers less than 1 indicate that R&R data overestimated licensed capacity while numbers greater than 1 suggest capacity was underestimated. In SPA 1, for example, for every 100 licensed infant slots in R&R records, providers indicated that there were actually only 88 licensed slots. Conversely, for every 100 licensed slots.

After adjusting population records of licensed capacity, providers' preferences to serve fewer children were incorporated into the analysis. This reduced the number of slots by an average of 4% for centers and 12% for FCCHs. The preference adjustments reflect the percentage of slots providers wished to fill (between 91% and 98% for centers and between 85% and 97% for FCCHs, depending on geographical location). Tables 2.A. and B. show the actual projections of capacity. This adjusted capacity was used as a base for making estimates about the supply of special types of care discussed in Section III and Appendix 5.

		Adjus	stment Factor fo licens	Reduction factor: provider preference		
SPA	N	infant	pre-school	school-age	total	pref. reduction
1	54	.88	.99	1.41	1.05	.91
2	256	1.15	1.02	1.17	1.03	.96
3	217	1.07	1.04	1.30	1.07	.95
4	110	1.19	1.00	1.06	1.01	.95
5	72	.96	1.06	1.42	1.09	.98
6	126	.95	1.03	1.21	1.04	.98
7	93	1.03	1.06	1.13	1.07	.98
8	169	1.03	1.02	1.22	1.04	.95
A SQUALDEST.	1097	1:04	r 1.03	1.24	1.05	0.96
Supr. Dist. 1	126	1.07	1.04	1.15	1.05	0.98
Supr. Dist. 2	250	1.07	1.03	1.25	1.05	0.98
Supr. Dist. 3	164	1.02	1.04	1.11	1.04	0.97
Supr. Dist. 4	204	1.08	1.03	1.16	1.04	0.97
Supr. Dist. 5	289	1.21	1.01	1.26	1.05	0.95

#### Table 1.A. Center Capacity Adjustments

**PACE** 

# Appendix 2: Licensed Capacity Adjustments

SPA	N	Adjustment for provider reported licensing	Adjustment for providers preferring to serve fewer children	One Step Adjustment rate (includes lic. and pref. adjustments)
1	77	1.02	.92	.94
2	226	1.04	.85	.89
3	167	1.01	.85	.86
4	68	1.02	.89	.91
5	53	1.04	.85	.88
6	149	1.05	.92	.97
7	122	1.01	.88	.88
8	171	1.03	.86	.89
County	The state	1.03	.88	:90
Supr. Dist. 1	126	1.02	0.89	0.92
Supr. Dist. 2	250	1.04	0.92	0.96
Supr. Dist. 3	164	1.04	0.89	0.92
Supr. Dist. 4	204	1.04	0.85	0.87
Supr. Dist. 5	289	1.02	0.83	0.85

#### Table 1.B. FCCH Capacity Adjustment Rates:

#### Appendix 2: Licensed Capacity Adjustments

Tables 2.B. and E. include an additional capacity adjustment. The original survey sample was based on the number of firms that appeared in both R&R records and CCL records (See Appendix 8). Firms listed with both sources are referred to as matched cases; firms appearing only in CCL records are referred to as unmatched. Subsequent to the completion of the original survey, DPSS staff called the unmatched FCCH providers and recorded capacity information from the 1033 providers still in operation. The preferred capacity of the unmatched population is included in Table 2.B. and in comparisons of the overall number of slots per hundred children (See Appendix 3). Unmatched FCCH capacity is not included in projections of the number of slots offering special types of care, as presented in Appendix 5.

Infant			Preschool			School Age			Total Center Capacity				
SPA	#of Centers	R&R records	Provider reported	Providers Prefer	R&R records of Cap	Provider reported licensing	providers prefer to serve	R&R records of Cap	Provider reported licensing	providers prefer to serve	R&R records	Provider reported	Providers Prefer
1	59	86	76	70	3056	3036	2781	917	1290	1174	4193	4402	
2	463	1181	1358	1299	25909	26306	25132	6118	7145	6852	33407	34808	
3	426	1519	1625	1549	21704	22616	21704	4493	5857	5571	27895	30098	
4	207	481	573	548	10821	10811	10280	1376	1457	1390	12693	12841	
5	154	202	194	190	7794	8281	8106	766	1090	1072	8762	9565	<b>建</b> 设。第
6	228	714	681	671	11574	11867	11690	1970	2378	2325	14350	14926	
7	181	529	545	534	9356	9904	9637	2112	2393	2344	12087	12841	
8	316	880	902	862	14816	15130	14372	3587	4377	4161	19470	20410	
counts,	20134	5592	5816	SGAR	105030	108101	103700	21339	25607	24889	10/856	139603	NET STER

Table 2.A. CENTER CAPACITY- SPA and county levels

SPA	# of matched FCCHs	R&R licensed records	Provider reported licensing	Providers Prefer	Unmatched FCCH preferred csp	TOTAL FCCH preferred cap
1	330	3252	3331		428	
2	967	9932	10375		1737	1 1. K. 1. 1. S.
3	923	8692	8780		1404	
4	331	3458	3516		860	
5	280	2936	3066		334	
6	737	7624	8025	132	1348	
7	585	5784	5846	- SUPPLE	764	
8	935	9466	9709	USFS T	1682	int stell
country	5088	RODRT -	52600	461012	-8557	-4469

Table 2.B. FCCH Capacity- SPA and county levels

# Table 2.C. Total Market Capacity-SPA and county Nais-. . Discritificati .

SPA	Total R&R Lie Cap	Reported Lic Cap	Preferred Capt
1	7445	7733	
2	43339	45183	
3	36587	38879	
4	16151	16357	
5	11698	12632	
6	21974	22951	
7	17871	18687	897 -
8	28936	30118	6 AD
COUNTY	104001	192212	188883

\*includes unmatched FCCH preferred capacity.

#### Table 2.D. Center Capacity-Supervisorial

Infant			Preschool School Age		e	Total Center Capacity		ity					
Sup. Dist.	#of Centers	Matched database records of capacity	Provider reported licensed capacity	Providers prefer to serve									
Sup. Dist. 1	275	877	938	920	13497	14037	13756	1853	2131	2088	16245	17057	Totals
Sup. Dist. 2	406	993	1063	1041	19954	20553	20142	3476	4345	4258	24515	25741	5261
Sup. Dist. 3	434	798	814	790	23633	24578	23841	4586	5090	4938	29139	30305	42015
Sup. Dist. 4	392	1334	1441	1397	20304	20913	20286	4569	5300	5141	26484	27543	257.7
Sup. Dist. 5	527	1590	1924	1828	27642	27918	26522	6855	8637	8205	36474	38298	262).69

And and a second se						
Sup. Dist.	#of matched FCCHe	Matched database records of capacity	Providef reported licensed capacity	Providers prefer to serve	Unmatched FCGH preferred	TOTAL RCCH preferred cap
Sup. Dist. 1	592	5534	5645		630	- 
Sup. Dist. 2	1391	14422	14999		2685	
Sup. Dist. 3	738	7818	8131		1353	
Sup. Dist. 4	977	9808	9906		1960	
Sup. Dist. 5	1390	13562	13833		1929	

Table 2.E. FCCH Capacity-Supervisorial

### Table 2.F. Total Market Capacity-Supervisorial

Sup. Dist.	Matched database records of capacity	Provider reported licensed capacity	Providers prefer to serve
Sup. Dist. 1	21779	22702	<b>家</b> 公司任何
Sup. Dist. 2	38937	40740	<b>SKIDS</b>
Sup. Dist. 3	36957	38435	370.5
Sup. Dist. 4	36292	37449	
Sup. Dist. 5	50036	52131	10.05

\*includes unmatched FCCH preferred capacity.



#### **Comparing Supply with Estimated Demand**

To determine the percent of the population that could be served by existing slots, this analysis compares the number of slots providers prefer to fill to the number of children who could potentially need care. The first comparison of children to slots includes all resident children, the second includes only children with working mothers, and the final comparison includes 30% of the CalWORKs child population in addition to children with working mothers. The first two demand estimates are included so that the findings can be compared with other studies. However, the third estimate may be the strongest indicator of demand. Tables C. and D. use unadjusted licensed capacity from the matched database as a base and are comparable with the zip code level file in Table 1.E. (The sample size does not allow for generalizations at the zip code level.)

Child population estimates are from the United Way Zip Code Book 1998. CalWORKs counts are from January 1999, prepared by DPSS for the Los Angeles County Child Care Planning Committee, and maternal labor force participation rates (MLFP) are based on 1990 census data. Number of slots per hundred children is synonymous with the percentage of children served.

This appendix only includes data at the SPA and Supervisorial district level. Zip codelevel data is available by request from PACE.

		Population	· · · · · · · · · · · · · · · · · · ·	Maternal Labor Force Participation Rates		% of population potentially serv		
SPA	Provider preferred capacity*	Total #of children age 0-12	Total # of CalWORKs children age: 0-12	Maternal Labor Force Participation- mothers with children<6	Maternal Labor Force Participation mothers with school-age children	#ofslots per 100 children	#ofslotsper 100 children w/working mothers	# of slots per 100 children w/ working moms= 30% of CaIWORKs kids
1	7509	68832	12482	45.7%	66.9%	10.9	19.3%	17.6%
2	43859	355449	31284	56.2%	67.9%	12.3	19.8%	19.0%
3	37704	352632	36833	53.6%	65.4%	10.7	17.9%	17.0%
4	16225	240583	28839	47.0%	59.2%	6.7	12.6%	11.8%
5	12286	68414	5229	55.8%	67.4%	18.0	28.9%	27.8%
6	23429	259065	56410	39.7%	55.6%	9.0	19.0%	16.7%
7	18369	298429	34942	51.3%	62.9%	6.2	10.7%	10.1%
8	29502	271318	42866	53.0%	67.2%	10.9	18.0%	16.7%
Colling		1933 964	20005*	5150%	6410%	999	1711%	-16.0%

Table 1.A. Comparing Demand Estimates to Preferred Capacity at the SPA and County Levels.

\*includes preferred capacity of 1033 unmatched FCCH providers

Sup. Dist.		Population		Maternal Labor Force Participation Rates		% of population potentially served		
Super- visorial district	Provider preferred capacity	Total # of children age 0-12	Total#of CalWORKs children age 0-12	Maternal Labor Force Participation – mathers with children<6	Maternal Labor Force Participation – mothers with school-age children	#ofslats per 100 children	# of slots per 100 children w/ working mothers	# of slots per 100 children w/ working monis + 30% of CalWORKs kids
1	22370	445515	58543	44.8%	55.9%	5.02	9.9%	9.2%
2	41710	420247	78357	46.7%	61.8%	9.93	18.2%	16.5%
3	37985	323663	29015	53.5%	65.1%	11.74	19.7%	18.8%
4	37097	357311	43620	55.3%	68.1%	10.38	16.7%	15.8%
5	49793	367986	39350	55.6%	69.0%	13.53	21.6%	20.5%
COUNTRY	188883	1914722	248885	51.0%	64.0%	9.9	17/1%	16:0%

Table 1.B. Comparing Demand Estimates to Preferred Capacity at the Supervisorial Level.

Table 1.C. Comparing Demand Estimates to Matched Database Capacity at the SPA
---

SPA Population		Maternal Labor Force Participation Rates		% of population potentially served				
SPA	Total matched database capacity	Total #:of children age 0-12	#of CalWORKs Children age 0-12	Maternal Labor Force Participation – mothers with children <6	Maternal Labor Force Participation – mothers with school-age children	# of slöts per 100 children	# of slots per 100 children w/ working mothers	# of slots per 100 children w/ working moms + 30% of CalWORKs kids
1	7935	68832	12482	45.7%	66.9%	11.5	20.4%	18.6%
2	45415	355449	31284	56.2%	67.9%	12.8	20.5%	19.7%
3	38387	352632	36833	53.6%	65.4%	10.9	18.2%	17.3%
4	17088	240583	28839	47.0%	59.2%	7.1	13.3%	12.4%
5	12066	68414	5229	55.8%	67.4%	17.6	28.3%	27.3%
6	23526	259065	56410	39.7%	55.6%	9.1	19.1%	16.8%
7	18841	298429	34942	51.3%	62.9%	6.3	11.0%	10.4%
8	30962	271318	42866	53.0%	67.2%	11.4	18.9%	17.5%
county	10492101	1914722	248885	5100	64.0%	9.6	17.5%	16,4%

#### Appendix 3: Percent of Child Population Served by Estimated Demand

Population		Maternal Labor Force Participation Rates		% of population potentially served				
Super- visorial district	Total matched datābase capačity	Total # of children age 0-12	Total # of CalWORKs children age 0-12	Materical Labor Force Participation - mothers with cbildren<6	Maternal Labor Force Participation mothers with school-age children	# of slots per 100 children or % of child pop served	children w/ working mothers	children w/ working moms + 30% of CalWORKs kids
1	22559	445515	58543	44.8%	55.9%	5.1	10.0%	9.3%
2	41988	420247	78357	46.7%	61.8%	10.0	18.3%	16.6%
3	38523	323663	29015	53.5%	65.1%	11.9	20.0%	19.1%
4	38726	357311	43620	55.3%	68.1%	10.8	17.4%	16.5%
5	52424	367986	39350	55.6%	69.0%	14.2	22.7%	21.6%
COUNTY	1912-04		248885	\$1.096	64.0%	96	17.5%	16 48%

#### Table 1.D. Comparing Demand Estimates to R&R Capacity at the Supervisorial Level

#### Center Capacity by Age Group

A separate comparison of center capacity by age group is presented here because only centers obtain licenses that are age-group specific. FCCHs can care for infants so long as the adult-child ratio is reduced, and conversely can have a higher adult-child ratio if they serve school-age children. Thus, capacity per age group comparisons are not possible with FCCHs since the ages they choose to serve are not specified and may change over time.

Table I.	able 1. 1 creent of emiliaten that ectively slots could serve by age group						
	Children in der	nand group	Total child population				
SPA	% infants potentially served	% preschool potentially served	% school-age potentially served	% infants potentially served	% preschool potentially served	% schoolage potentially served	
1	0.8%	32.3%	4.6%	0.4%	16.7%	3.3%	
2	2.6%	52.0%	5.2%	1.5%	30.7%	3.7%	
3	3.3%	46.4%	4.3%	1.9%	26.5%	3.0%	
4	2.0%	35.5%	1.7%	1.0%	18.0%	1.1%	
5	2.2%	89.5%	4.1%	1.3%	52.2%	2.8%	
6	2.3%	39.2%	2.8%	1.0%	18.4%	1.8%	
7	1.4%	24.4%	2.3%	0.7%	13.4%	1.5%	
8	2.3%	38.0%	4.1%	1.3%	22.2%	2.9%	
Total	2.3%	41.4%	3.6%	1.2%	22.9%	2.5%	

Table 1. Percent of children that Center slots could serve by age group

Table 2. Percent of children that Center slots could serve by age group

	Children in d	emand group		Total child population		
Super- visorial district	% infants potentially served	% preschool) potentially served	% school age potentially served	%, infants potentially served	% preschool potentially served	% school age potentially served
1	1.8%	25.7%	1.5%	0.9%	12.6%	0.9%
2	2.0%	38.1%	2.9%	1.0%	20.2%	2.0%
3	1.8%	57.4%	4.2%	1.0%	32.4%	2.9%
4	2.9%	40.7%	3.8%	1.7%	24.2%	2.7%
5	3.6%	51.9%	5.8%	2.1%	30.6%	4.2%
Total	2.3%	41.4%	3.6%	1.2%	22.9%	2.5%

#### Appendix 4: Vacancy Rates

Regional vacancy rates were computed as a ratio of the total number of vacant slots in a region to the total preferred capacity. This eliminated distortions caused by the skewed distribution of vacancies within each area. (Figure 1 shows the distribution of vacancies among centers in the county. The distribution is skewed with the most frequent vacancy rate being zero. FCCHs followed a similar pattern.) The sample for center vacancy rates was reduced to 795 cases due to missing or corrupt data. In addition, vacancy rates may be relatively high when compared to earlier studies that did not take preferred capacity into account. In other words, accounting for providers who preferred to care for fewer children inflates the vacancy rate by shrinking the base number of slots. Since Table 1.B. uses licensed capacity as a base, the data is comparable to earlier studies. Observed differences in rates between geographical areas may be due to sampling error.



Figure 1. Distribution of Center Vacancy Rates in Los Angeles County

Table 1.A. SPA and County Vacancy Rates Based on Preferred Capacity

	FCCH	<b>Center Vacancy Rat</b>	te		
SPA	vacancy rate	iotal vacancy rate	infant vacancy rate	pre-school vacancy rate	school-age vacancy rate
1			5%	16%	33%
2	18.24		22%	16%	17%
3			16%	18%	17%
4			17%	14%	17%
5	1997 - A.		5%	13%	54%
6			28%	20%	17%
7	Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.		43%*	18%	10%
8	Children and	The Way of the	22%	15%	28%
County	6 7 Part 5 L		20%	16%	24%

Note: Only SPA 7 had significantly higher average firm vacancies for infant care. No significant differences in FCCH firm vacancies were identified.

#### Appendix 4: Vacancy Rates

	FCCH	Center Vac Ra	te - Provider repo	rted cap	
SPA	vacancy rate	total vacancy rate	infant vacancy rate	pre-school vacancy rate	school-age vacancy rate
1			5%	16%	32%
2	Sec. 14	in the second	22%	15%	17%
3			16%	17%	16%
4			17%	14%	16%
5			5%	11%	48%
6			28%	20%	16%
7			43%	18%	9%
8			21%	14%	28%
County			20%	16%	23%

Table 1.B. Vacancy rates using provider reported licensing as a base

Note: These figures are comparable to earlier studies that did not take into account provider preferences to serve fewer children.

Table 1.C. Supervisorial vacancy rates based on the total number of vacant slots in the region

FCCH Supr: vacancy Dist. rates	CENTER Infant	CENTER Preschool	CENTER Schoolage
1 《为学生》。为现代的《	18%	20%	24%
2	25%	18%	36%
3	17%	14%	19%
4	34%	14%	11%
5	23%	16%	18%

Notes: 1. Preferred capacity used as base. 2. Significant differences - Supr. Dist 2 had a significantly higher average center vacancy rate than Supr. Dist. 3. No significant differences in FCCH firm vacancies were identified.

Table 1.D. Vacancy rates in the average and median firm, county level analysis

		RCCH Vacancy-	Total Center vacancy rates	CDN/IDR Infant	CENTER Preschool	CENTER School-age
N	Valid	1033	797	76	710	175
	Missing	0	0	721	87	621
<u>Niçm</u>		- 25 <sup>7</sup> 6 1	15%	1 2 % ÷-	15%	2.22%
C Dreimy		- 10 <b>2</b> 6 -	6%	<u>." 112</u> % ~	. 496 ·	6% 1
Mode		0%	0%	0%	0%	0%

Note: Average firm vacancies did not differ greatly from the aggregated vacancy rates we computed in Table 1.A. Vacancy rates for the median firm were substantially lower than average rates, which is expected when the distributions are skewed. The most frequently reported vacancy rate was zero. This rate (0%) includes firms offering shifts whose vacancies are only for part of the program day.

Tables displaying the special types of care offered by providers at the SPA and Supervisorial district level (e.g., transportation provided, evening and weekend care, willing to care for children with special needs) are available by request from PACE.

# Appendix 5: Special Types of Care



Appendix 6:	
 Languages	

Tables displaying languages spoken by providers and clients are available by request from PACE.

Appendix 6:	
 Languages	



Tables displaying providers' perceived barriers to expansion and to providing special needs and non-traditional hours care are available by request from PACE.


Child care planners typically use two sources of data to determine the supply of licensed child care in any given community: data from the California Department of Social Services Community Care Licensing division (CCL), and information collected by Child Care Resource & Referral agencies (R&Rs). However, the data provided by these organizations often looks quite different. Community Care Licensing generally reports a much higher supply of licensed care than do Resource & Referral agencies. Therefore, planners face the dilemma of trying to determine which number is more accurate.

One goal of this Child Care Needs Assessment was to create a more accurate picture of the supply of licensed care in the county. In spring 1999, PACE staff reconciled the databases from the ten R&Rs in Los Angeles with those of CCL. The results of this process were as follows:

Out of 7836 FCCHs in the Community Care Licensing file and 5352 FCCHs in the R&R files, we were able to match 5088 FCCHs. From 3316 centers in the CCL file and 2195 centers in the R&R files, we were able to match 2034 Centers. This left 2748 FCCHs from CCL data unmatched, and 253 FCCHs from the R&R data unmatched, while for centers 826 that appeared in CCL data did not show up in the R&R files, and 153 in the R&R files did not appear in the CCL files.

There were a number of database issues that arose as we explored why these mismatches existed. Some were mechanical: Center and FCCH names are not entered exactly the same across the databases; there were typographical errors; centers with multiple licenses are in the CCL database multiple times, facilities move and change names, and so forth. However, many of the database differences were due to policies on how providers who are inactive or not wanting referrals are listed in the databases.

CCL databases include all providers who are maintaining a current license, whether or not they are currently caring for children. A survey of the FCCHs appearing in CCL databases but not in the R&R databases revealed 1053 were licensed but not currently caring for children.<sup>i</sup> However, another 1033 are caring for children, and represent over 8000 child-care slots across the county. Thus, the R&Rs' databases of active child care homes undercount the actual number of homes providing care, while CCL's database overcounts available care.

In some cases, the R&R agencies do not list family homes or child care centers which are providing care because these providers do not want to receive referrals, or did not respond to R&R outreach. In others, some R&Rs maintain a separate database for those providers which are in business but do not want referrals, and did not provide that information to us, as we did not know at the time to request it. Finally, there may have been some newly licensed homes and centers in the CCL database that had not yet been entered into the R&R databases. While this last issue is easily resolved when CCL provides updates to R&Rs, the first two problems require action on the part of all of the R&Rs. There should be consistent approaches to including all active providers in one database, whether or not the provider wants R&R services. These homes represent real capacity that needs to be counted.



## Appendix 8: Database Matching Issues

R&R databases also contained listings for homes and centers which did not appear in the CCL database. In some cases, these providers were no longer active - we found that over 10% of the FCCHs had closed between the time we reconciled the databases and the implementation of the survey (around 4 months). Likewise, some centers had closed or moved. In a few cases license exempt individuals were mislabeled as FCCHs, and license-exempt centers were labeled as licensed centers. Still, there were many FCCHs and centers which were active, but who were not matched in CCL's data simply due to changes in name, address, or different ways of listing the institutions in the two databases.

There are a number of actions we recommend to make the database reconciliation process smoother and improve the accuracy of R&R data:

- 1. Regular reconciliation of the R&R and CCL databases. If the databases are reconciled annually (or more often), there will be fewer discrepancies over time.
- 2. After reconciliation, phone calls to providers appearing in CCL databases but not in R&R databases to find out if they are currently caring for children. These providers should be included in the R&R databases whether or not they are active (see #7).
- 3. Use of the CCL names for providers (even with typographical errors). Electronic database reconciliation is not possible unless the data is entered exactly the same way. R&Rs can add a field to their databases specifically for the CCL name, and use this field for database reconciliation. They need to make sure they enter the name *exactly* as it appears in the CCL file, including identical abbreviations. If there are typographical errors in the CCL data, they should notify CCL or enter the name complete with the error in the field they will use to match databases.
- 4. Inclusion of all CCL license numbers for centers in the R&R databases. Unless all of the CCL license numbers for each center are in the database, the license numbers are not useful for reconciliation. Using license numbers may also lead to duplicate center listings in the databases.
- 5. Having only one listing per child care center, but developing a field to record all of the license numbers. Before reconciling with CCL databases, consolidate multiple listings in CCL databases into one record and use names to reconcile
- 6. Inclusion by R&Rs of all active providers, whether or not they accept R&R referrals, in their databases. These providers represent real capacity that needs to be counted, to eliminate R&R undercounts of the licensed child care supply. R&Rs could add an indicator to their databases for providers who are active but do not want referrals, with reasons (e.g., employer-based care, full-does not need referrals, prefers to seek own clients).
- 7. Inclusion of information on FCCH providers who are maintaining licenses when they are not currently providing care, with capacity for these homes recorded as "zero." R&Rs may also want to have a special flag for providers who are not active, with reasons (e.g., vacation, maternity leave, inactive-may start again)
- 8. Regular review by R&Rs of their databases to make sure that there are no duplicate entries.
- 9. Regular updating of R&R databases with CCL closure information.

<sup>&</sup>lt;sup>i</sup> Another 661 providers listed in CCL's database but not in the R&R databases were not reachable.

# Appendix 9: Survey Instruments (Centers)

#### LOS ANGELES COUNTY CHILD CARE NEEDS ASSESSMENT SURVEY CENTERS

	SECTION 1: A	ssessment of License	d Capacity	
V11	How many children are curre	ntly enrolled in your p	rogram?	V11
V12 Ir C S	How many of these are: afants and toddlers under 2 yea children 2 years old and above chool age children?	rs of age? who have not yet enter	ed school?	V12A V12B V12C
V13	Do you operate shifts? (i.e., c	lo you have groups of o	children who come	at different
times a	and don't overlap?)	IF YES, GO	V13 Yes/N FO V14; IF NO,	lo (1/0) GO TO V15
V14	What type of shifts? How ma	ny kids in each? (YES	=1, NO=0)	
	Before school	V14A1 (0/1)	V14A2 number	of kids:
	Morning	V14B1 (0/1)	V14B2 number	of kids:
	Afternoon	V14C1 (0/1)	V14C2 number	of kids:
	After school	V14D1 (0/1)	V14D2 number	of kids:
	Evening	V14E1(0/1)	V14E2 number	of kids:
V15	Do you have a waiting list? IF YE	S, GO TO V16	V15 Yes/N IF NO, SKIP TO	lo (1/0) SECTION 2
V16	How many children are on th	e waiting list?		V16
V17	Approximately what percenta Ir Children 2 years old and	age of the children on t afants and toddlers und l above who have not y Sc	he waiting list are: er 2 years of age? ret entered school? hool age children?	V17A V17B V17C
	SECTION 2: A	ssessment of Expansi	on Potential	
V21				
	Does your facility own or ren	t its space?	V21 Own/Re	nt (0/1)
V22A	Does your facility own or ren The information I have from	the R&R indicates that	V21 Own/Re	o care for
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and	t its space? the R&R indicates that d school age child	V21 Own/Re t you are licensed to dren. Is this information (N2224 - Yee (N)	$\begin{array}{c} \text{nt} (0/1) \\ \text{o care for} \\ \text{ation correct?} \\ \text{for} (1/0) \end{array}$
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and	the R&R indicates tha d school age child	V21 Own/Re t you are licensed to dren. Is this informa V22A Yes / N	o care for ation correct?
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and V22B What is the	the R&R indicates that d school age child IF YES, O	V21 Own/Re t you are licensed to dren. Is this informa V22A Yes / N SO TO V23; V22B	nt (0/1) care for ation correct? to (1/0) IF NO $\rightarrow$
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and V22B What is the	the R&R indicates that d school age child IF YES, C correct number?	V21 Own/Re t you are licensed to dren. Is this informa V22A Yes / N O TO V23; V22B i V22C presch	nt (0/1) care for ation correct? to (1/0) IF NO $\rightarrow$ nfants oolers
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and V22B What is the	the R&R indicates that d school age child IF YES, O e correct number?	V21 Own/Re t you are licensed to dren. Is this informa V22A Yes / N CO TO V23; V22B i V22C presch V22D scho	nt (0/1) care for ation correct? to (1/0) IF NO $\rightarrow$ infants coolers ol-age
V22A i	Does your facility own or ren The information I have from nfants, preschoolers and V22B What is the	the R&R indicates that d school age child IF YES, C e correct number?	V21 Own/Re t you are licensed to dren. Is this informa V22A Yes / N O TO V23; V22B i V22C presch V22D scho NOW	nt (0/1) care for ation correct? $o (1/0) \$

# **PACE**

#### Appendix 9: Survey Instruments (Centers)

V23	3 Do you prefer to enroll fewer children than you are licensed to care for?	
	V23	Yes / No (1/0)
IF YE	S, GO TO V24 IF NO, SKIP TO V25	
V24	How many children do you prefer to care for?	V24
V25	Can you tell me why you prefer to serve fewer children, or w	hat prevents you from
provid	ling care to more children? (YES=1, NO=0)	<b>,</b>
-	There is not enough demand for it	V25A (0/1)
	You wouldn't earn enough to cover the costs	V25B (0/1)
	You don't get enough referrals	V25C (0/1)
	You don't have the right equipment	V25D (0/1)
	You don't have enough staff	V25E (0/1)
	You don't have enough space	V25F (0/1)
	You don't have the right training	V25G (0/1)
	You prefer working with a certain age group	V25H (0/1)
	Zoning/licensing restrictions	V25I (0/1)
	Lack of start-up funding	V25J (0/1)
	Other:	V25K (0/1)

\_\_\_\_\_

# **SECTION 3: Language Assessment of Providers**

V31 Which languages do the staff at your center speak fluently? (YES=1, NO=0)

English	V31A	(0/1)
Armenian	V31B	(0/1)
Chinese / Cantonese	V31C_	(0/1)
Chinese / Mandarin	V31D_	(0/1)
Farsi	V31E_	(0/1)
Hmong	V31F_	(0/1)
Khmer (Cambodian)	V31G	(0/1)
Korean	V31H_	(0/1)
Pilipino/Tagalog	V311_	(0/1)
Russian	V31J	(0/1)
Spanish	V31K	(0/1)
Vietnamese	V31L	(0/1)
Other:	V31M	(0/1)

Appendix 9: Survey Instruments (Centers)

V32	Which languages do the	families of enrolled	children speak fluently?

		(YES=1/NO=0)	)
	English	V32A (0/1)	)
	Armenian	V32B (0/1)	)
	Chinese / Cantonese	V32C (0/1)	)
	Chinese / Mandarin	V32D (0/1)	)
	Farsi	V32E (0/1)	)
	Hmong	V32F (0/1)	)
	Khmer (Cambodian)	V32G (0/1)	)
	Korean	V32H (0/1)	)
	Pilipino/Tagalog	V32I (0/1)	)
	Russian	V32J (0/1)	)
	Spanish	V32K (0/1)	)
	Vietnamese	V32L (0/1)	)
Other:		_V32M (0/1)	)

V33 To your knowledge, has a prospective client ever decided NOT to enroll their child because of a language barrier? V33 Yes/No (1/0)

V34 Do you provide written materials about your program in other languages? V34 Yes / No (1/0) IF YES, GO TO V35 IF NO, SKIP TO SECTION 4

V35 Which ones? (YES=1, NO=0)

Armenian	V35A (0/1)
Chinese / Cantonese	V35B (0/1)
Chinese / Mandarin	V35C (0/1)
Farsi	V35D (0/1)
Hmong	V35E(0/1)
Khmer (Cambodian)	) V35F (0/1)
Korean	V35G (0/1)
Pilipino/Tagalog	V35H (0/1)
Russian	V35I (0/1)
Spanish	V35J (0/1)
Vietnamese	V35K (0/1)
Other:	(0/1)

# SECTION 4: Assessment of Ability to Care for Temporarily Sick/Mildly III Children

V41 Have you considered getting a license to care for mildly ill children?

V41 Yes/No (1/0)

# SECTION 5: Assessment of Ability to Care for Children with Special Needs

- V51 Does your program have the ability to care for children with minimal special needs? This could include mild hearing or visual impairments, mild learning disabilities, mild physical disabilities, mild behavioral problems, etc. V51 Yes/No (1/0) \_\_\_\_
- V52 Does your program have the ability to care for children with chronic conditions such as allergies, asthma, diabetes, etc.? V52 Yes/No (1/0)
- V53 Is your program equipped to care for children with more severe special needs, such as mental retardation, physical disabilities, severe speech impairment, children with a feeding tube, etc.? V53 Yes/No (1/0)

#### IF NO TO ANY OF THESE (V51, V52, V53):

V54 What are the barriers to caring for children with special needs?

Licensing	V54A(0/1)
Cost / Fund	ing V54B (0/1)
Facilities	V54C (0/1)
Staffing	V54D (0/1)
Training	V54E (0/1)
Safety / Insurance / Liability concerns	V54F (0/1)
Other	V54G(0/1)

## Appendix 9: Survey Instruments (Centers)

#### **SECTION 6: Assessment of Funding Sources**

V61	Do you have any subsidized children enrolled now (i.e., children enrolled	dren	who are pa	aid for
	by a government or community agency)?	V61	Yes/No (1	/0)
	IF YES, SKIP TO V63;		IF NO, GO	O TO V62
V62	Are you willing to accept subsidized children?	V62	Yes/No (1	/0)
V75	Please tell me if any of the following reasons currently keep	you	from provi	ding
care du	uring non-traditional hours: (YES=1, NO=0)			
	There is not enough demand from pare	ents	V75A_	(0/1)
	You wouldn't earn enough to cover your cost	sts	V75B_	(0/1)
	You don't have enough sta	ff	V75C	(0/1)
	Space does not permit non-traditional hours		V75D_	(0/1)
	Safety/security reasons		V75E_	(0/1)
	What else?		V75F	(0/1)

- V76 Has your program ever changed or extended its hours--for example, you opened earlier in the morning or stayed open later--because parents needed care at these times? V76 Yes/No (1/0) \_\_\_\_\_
- V77 Are you willing or able to permanently change or extend your hours if parents need care at these times? V77 Yes/No (1/0)

## LOS ANGELES COUNTY CHILD CARE NEEDS ASSESSMENT SURVEY FAMILY CHILD CARE HOMES

#### **SECTION 1: Assessment of Licensed Capacity**

V11	How many children do you currently care for?	V11
V12	How many of these are:	
Infants and toddlers under 2 years of age? V12A _		
C	Children 2 years old and above who have not yet entered school?	V12B
S	chool age children?	V12C

V13	How many of these are your own children under the	e age of 10	? V13
V14	Do you operate shifts? (i.e., do you have groups of	children w	ho come at different
times a	and don't overlap?)	V14	Yes/No (1/0)

# IF YES, GO TO V15; IF NO, GO TO SECTION 2

V15	What type of shifts? How ma	any children in each? (Y	ES=1, NO=0)
	Before school	V15A1 (0/1)	V15A2 number of kids:
	Morning	V15B1 (0/1)	V15B2 number of kids:
	Afternoon	V15C1(0/1)	V15C2 number of kids:
	After school	V15D1 (0/1)	V15D2 number of kids:
	Evening	V15E1(0/1)	V15E2 number of kids:

V21 V22	Do you own or rent your home? V21 Own / Rent (0/1) The information I have from the R&R indicates that you are licensed to care for children. Is this information correct? V22A Yes/No (1/0) IF YES, GO TO V23; IF NO → V22B What is the correct number? NOW GO TO V23
V23	Do you prefer to enroll fewer children than you are licensed to care for? V23 Yes/No (1/0)
104	IF YES, GO TO V24; IF NO, SKIP TO V25
V24	How many children do you prefer to care for? V24
V25	What factors prevent you from providing care to more children? (YES=1, NO=0)   You cannot manage more children V25A
V26	IF LICENSED FOR 6-8 CHILDREN ONLY: Are you interested in becoming a large Family Child Care Home (12-14 spaces)? V26 Yes/No (1/0)
V27	Are you interested in opening a child care center? V27 Yes/No (1/0)
V28	How long have you been working as a child care provider? (YES=1, NO=0)   Less than 6 months V28A(0/1)   6 months-1 year V28B(0/1)   1-5 years V28C(0/1)   5-10 years V28D(0/1)   more than 10 years V28E(0/1)

# **SECTION 2: Assessment of Expansion Potential**

V29	How much longer do you think you'll continue to be a child care provider?				
			(YES=1, NO=0)		
	Less	s than 6 months	V29A(0/1)		
	6 m	onths –1 year	V29B (0/1)		
	1-5	years	V29C (0/1)		
	5-10	) years	V29D (0/1)		
	mor	e than 10 years	V29E (0/1)		
V29.1	Do you view working with children as your chos	en occupation?			
		V29.1 Y	es / No (1/0)		
		IF YES, SKIP	TO SECTION 3		
		IF N	O, GO TO V29.2		
V29.2	Why is this? (YES=1, NO=0)				
	Family situation (young children, pr	egnancy)	V29.2A (0/1)		
	Child care doesn't pay enoug	gh '	V29.2B (0/1)		
	You prefer another line of w	vork	V29.2C(0/1)		
	Other:		V29.2D(0/1)		

# **SECTION 3: Language Assessment of Providers**

V31 Which languages do you, your staff, or other family members in the home speak fluently? (YES=1, NO=0)

English	V31A	_ (0/1)
Armenian	V31B	_ (0/1)
Chinese / Cantonese	V31C	_ (0/1)
Chinese / Mandarin	V31D	(0/1)
Farsi	V31E	_ (0/1)
Hmong	V31F	_ (0/1)
Khmer (Cambodian)	V31G	_ (0/1)
Korean	V31H	(0/1)
Pilipino/Tagalog	V31I	_ (0/1)
Russian	V31J	_(0/1)
Spanish	V31K	_ (0/1)
Vietnamese	V31L	_ (0/1)
Other:	V31M	_(0/1)

V32 Which languages do the families of enrolled children speak fluently?

	(YES=1,	NO=0)
English	V32A	_ (0/1)
Armenian	V32B	_ (0/1)
Chinese / Cantonese	V32C	_ (0/1)
Chinese / Mandarin	V32D	_ (0/1)
Farsi	V32E	_ (0/1)
Hmong	V32F	_ (0/1)
Khmer (Cambodian)	V32G	_ (0/1)
Korean	V32H	_ (0/1)
Pilipino/Tagalog	V32I	_ (0/1)
Russian	V32J	_ (0/1)
Spanish	V32K	_ (0/1)
Vietnamese	V32L	_(0/1)
Other:	V32M	_ (0/1)

To your knowledge, has a prospective client ever decided NOT to enroll their child V33 because of a language barrier? V33 Yes/No (1/0)

Do you provide written materials about your child care home in other languages? V34 V34 Yes/No (1/0)

IF YES, GO TO V35;

IF NO, SKIP TO SECTION 4

V35 Which ones? (YES=1, NO=0)

Armenian	V35A (0/1)
Chinese / Cantonese	V35B (0/1)
Chinese / Mandarin	V35C (0/1)
Farsi	V35D (0/1)
Hmong	V35E (0/1)
Khmer (Cambodian)	V35F (0/1)
Korean	V35G (0/1)
Pilipino/Tagalog	V35H (0/1)
Russian	V35I (0/1)
Spanish	V35J (0/1)
Vietnamese	V35K (0/1)
Other:	V35L (0/1)

SEC	TION 4: Assessment of Ability to Care fo	r Temporarily Sick/Mil	dly Ill Children
V41	Do you generally allow your regular famil ill (such as runny nose, fever, cough, etc.)	ies to drop off children if V41A Ye	they are mildly es/No (1/0)
	V41B Under what condition?	V41B	IF 125
V42	Do you accept mildly ill children who are	not currently enrolled at y V42A Yes	your home? (/ No (1/0) IF YES $\rightarrow$
	V42B Under what condition?	V42B	
V51	SECTION 5: Assessment of Ability to Call Is your family child care home able to care This could include mild hearing or visual mild physical disabilities, mild behavioral	re for Children with Spe e for children with minim impairments, mild learnin problems, etc. V51 Y	ecial Needs al special needs? ng disabilities, 'es/No (1/0)
V52	Is your family child care home able to care such as allergies, asthma, diabetes, etc.?	e for children with chroni V52 Y	c conditions 'es/No (1/0)
V53	Is your program equipped to care for child as mental retardation, physical disabilities feeding tubes, etc.?	ren with more severe spe , severe speech impairme V53 V	cial needs, such nt, children with
IF NO	<b>D TO ANY OF THESE (V51, V52, V53)</b> :	¥55 1	cs/110 (170)
V54	What are the barriers to caring for children	n with special needs?	
	C .	Licensing	V54A (0/1)
		Cost / Funding	V54B (0/1)
		Facilities	V54C(0/1)
		Staffing	V54D (0/1)
		Training	V54E (0/1)
	Insurance / Safety	/ Liability concerns	V54F(0/1)
		Other	V54G (0/1)

# **SECTION 6: Assessment of Funding Sources**

V61	Do you have any subsidized children enrolled now (i	.e., children who are paid for
	by a government or community agency)?	V61 Yes/No (1/0)
	IF YES,	SKIP TO V63; If NO, GO TO V62
V62	Are you willing to accept subsidized children?	V62 Yes/No (1/0)

V63	Besides government subsidies and the fees that families pay, do you have any support from the following child care funding sources? (YES=1, NO=0)					
	Foundation grants	V63A(0/1)				
	Fundraising	V63B (0/1)				
	In-kind Donations	V63C (0/1)				
	Child Care Food Program	n V63D (0/1)				
	Other:	_V63E (0/1)				
	SECTION 7: Assessment of Special Services, Hours of G	Care				
V71	Is your home accessible to public transportation?					
	Yes within walking distance (1)					
	No not within walking distance (0)	V71 (1/0)				
V72 home	Do you provide transportation for children between their home/sc ? V72 Ye	hool and your es / No (1/0)				
		· /				
V73	Do you currently provide the following non-traditional hour care?	(YES=1, NO=0)				
	24 hour	V73A(0/1)				
	Temporary/drop-in	V73B (0/1)				
	Evening	V73C (0/1)				
	Overnight	V73D (0/1)				
	Weekend	V73E (0/1)				
	IF NO TO ALL OF THESE $\rightarrow$ GO TO V74; IF YES TO ANY OF THE	$CSE \rightarrow SKIP TO V76$				
V74	Would you be willing to consider providing non-traditional hour of	care?				
	V74	Yes/No (1/0)				
V75	Please tell me whether any of the following reasons currently keep	ps you from				
	providing care during nontraditional hours: (YES=1, NO=0)					
	There is not enough demand from parents	V75A (0/1)				
	You wouldn't earn enough to cover your costs	V75B (0/1)				
	It's hard to find staff	V75C (0/1)				
	Safety/security reasons	V75D (0/1)				
	Space does not permit nontraditional hour care	V75E (0/1)				
	You need time to spend with your family or for other person	nal responsibilities				
		V75F (0/1)				
	You are in school/training program	V75G (0/1)				
	You have another job	V75H (0/1)				
	What else:	V75I (0/1)				
		(				

V76 Have you ever changed or extended your hours--for example, opened earlier or stayed open later--because parents needed care at these times? V76 Yes/No (1/0) \_\_\_\_

V77 Would you be willing to permanently change or extend your hours if parents needed care at these times? V77 Yes/No (1/0) \_\_\_\_

## **Sampling Error**

Whenever a sample is used to represent a population there is a chance that the averages of the sample will not perfectly match the average characteristics of the true population. This possible mismatch is called sampling error. The potential error rate depends on the portion of the population that is sampled as well as the overall size of the sample. In this study 1,097 centers were used to make generalizations about the 2038 centers in the matched center population, and 1033 FCCHs were used to make generalizations about the 5088 providers in the matched FCCH population. The associated sampling error for countywide estimates is +/- 2.1 for centers and +/-2.72 for FCCHs. Error rates differ by SPA and Supervisorial District, as shown below. Also reported in Table 1 are sampling error rates for the center vacancy data. Due to missing or corrupt data, several cases from the center-based vacancy analysis were dropped, which increased the sampling error to 2.74 for center vacancy data.

	CENTERS			FCCH			Center Vacancy Data		
Geographic Unit	Total population	# of responses	Sampling error	Total population	# of responses	Sampling Error	Total population	# complete	Sampling Error
SPA 1	61	54	4.52	330	77	9.78	61	35	-10
SPA 2	464	256	4.1	967	226	5.71	464	191	5.44
SPA 3	426	217	4.66	923	167	6.86	426	139	6.82
SPA 4	207	109	6.46	330	68	10.59	207	78	8.76
SPA 5	154	71	8.54	280	53	12.12	154	59	10
SPA 6	229	126 .	5.86	737	149	7.17	229	91	7.97
SPA 7	181	95	6.93	586	122	7.9	181	70	9.17
SPA 8	316	168	5.17	935	171	6.77	316	123	6.91
To COUNTARY	2038	1096	2.01		- IKIEE	2,72,-	2038	786	- 274.*
Sup. Dist. 1	275	148	5.47	592	126	7.75	275	101	<i>].</i> ]
Sup. Dist. 2	406	214	4.61	1391	250	5.61	406	162	5.73
Sup. Dist. 3	434	231	4.41	738	164	6.75	434	172	5.73
Sup. Dist. 4	392	201	4.83	977	204	6.1	392	151	6.5
Sup. Dist. 5	527	303	3.67	1390	289	5.13	527	196	5.5

Table 1. Sampling error by type of firm and geographic grouping.

# **Sampling Frame**

The sample was drawn after reconciling the provider databases from Community Care Licensing and the R&R agencies (see Appendix 8). From the 7,122 matched providers, 1295 center directors and 1405 family child care home providers were randomly selected within SPAs, to insure that the sample would be representative at the SPA level. The results from this survey are generalizable to the matched population. Concern over the number of FCCHs licensed by CCL but not R&R databases (2,748) motivated the county to make additional calls to determine the status of these providers. This survey found that 38% of these providers were currently offering child care services. The additional capacity represented by these "unmatched" FCCH providers was added to the analysis of overall capacity reported in Section 1. This addition did not significantly change the percentage of children potentially served by the licensed child-care market overall.

	Centers	Fcch
Matched cases	2034	5088
CCL providers not listed w/R&R	826	2748
R&R providers not listed w/ CCL	153	253

Table 2. Reconciling CCL and R&R data on licensed providers

#### **Non-Response Bias**

Another type of sampling error is non-response bias. If a large number of providers in the sample failed to respond to the survey, there would be concern that they might be different from the responding group. Fortunately, the response rate was high for both center and family child-care home providers. Eighty-five percent of center providers in the sample and 74% of FCCH providers completed the 15 minute survey. The percentage of FCCH completions increases to 82% when excluding from the sample base firms that were closed. Nine percent of the providers contacted were closed. Callers were unable to contact an additional 7% of the FCCH providers sampled due to wrong or disconnected phone numbers. If these providers also are also out of business, the closure rate for FCCHs in the sample increases to 16%. (See Table 4 for variations in closure rates by SPA.)



#### Table 3. Survey completions by SPA and firm type

SPA	total # sampled	# center responses	Completion rates	total # sampled	# FCCH responses	Completion rates
SPA 1	61	54	89%	101	77	76%
SPA 2	298	256	86%	322	226	70%
SPA 3	256	217	85%	223	167	75%
SPA 4	140	109	78%	96	68	71%
SPA 5	93	71	76%	69	53	77%
SPA 6	138	126	91%	181	149	82%
SPA 7	119	95	80%	150	122	81%
SPA 8	190	168	88%	263	171	65%
County	1295	1096	85%	1405	1033	74%

The percent of FCCH providers out of business varies by SPA and almost doubles when including firms for which we had the wrong number or a disconnected number

SPA	Out of Business	Wrong #/ Disconnected	R&R capacity	# in Sample	% Out of Business	% Out of Busn or Wrong #
SPA 1	12	7	194	101	.12	.19
SPA 2	38	24	580	322	.12	.19
SPA 3	12	10	192	223	.05	.10
SPA 4	6	5	100	96	.06	.11
SPA 5	9	4	132	69	.13	.19
SPA 6	8	7	142	181	.04	.08
SPA 7	10	8	178	150	.07	.12
SPA 8	29	25	522	263	.11	.21
County	124	90	2040	1405	0.09	0.15

# Table 4. FCCHs no longer in business or with incorrect/disconnected phone numbers in the matched database

## Weighting the Sample

Since the sample was drawn based on SPA size, weights were required for county and supervisorial levels of the analyses. County level weights were computed by comparing the percentage of providers in the population that resided in each SPA to the percentage of providers in the survey by SPA. Weights did not dramatically alter the outcomes of county-level summary statistics. Supervisorial weights were determined by comparing the percentage of population providers in each zip code to the percentage of sampled providers in each zip code.

#### **Non-Sampling Error**

Survey data is also subject to non-sampling error. Non-sampling error can come from a variety of sources, including respondents' inability or unwillingness to recall information, the misunderstanding of survey questions, different interpretations of provider responses by surveyors, or errors in data entry or processing. It is not possible to measure these types of errors, but it is important to acknowledge that they exist in research of this nature.