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Using Community-based Participatory Research to  
Understand the Landscape of Early Childhood Education in  
Southwest Albuquerque

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Participatory Research to  
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Southwest Albuquerque**

**(Part 2 of 2)**

**Project Co-Developed by the  
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## Introduction

Quality early childhood education and child care play an important role in the cognitive and non-cognitive development in children between the ages of 0 and 5 years old (Early Head Start National Resource Center, 2001b). In an effort to complement the parent survey portion of this study, the Partnership for Community Action (PCA) conducted surveys with a random representative sample of child care providers in southwest Albuquerque. The provider survey focused on seven core areas: provider demographics, language, capacity, support and improving quality, professional development, need for resources, and parental involvement.

## Research Questions

*What do we know about CC/ECE providers in southwest Albuquerque?*

In order to answer the overall research questions, PCA outlined the following questions to guide this research:

- What factors do providers consider as important in learning for 0-8 year olds?
- What are the professional expectations and training opportunities available to CC/ECE providers?
- How much do each CC/ECE providers expect the family to be involved with CC/ECE services?
- What factors affect the quality of CC/ECE services?
- How do CC/ECE providers prioritize learning roles for children?
- What are the expectations of CC/ECE providers on a daily/weekly basis?
- What do providers think are the differences between parental and ECE teaching?

## Methodology

In order to answer these research questions, PCA selected two parent participant researchers who conducted the parent survey portion of the study. The PCA team – the Executive Director, Project Manager and Field Coordinator, participant researchers, and two researchers from CEPR – designed the study, created the survey instrument, and organized the data collection method. PCA referred to the Early Childhood Longitudinal Study (Halle, et al, 2009) to develop the provider instrument used to survey the local providers.

### *Participant Sample*

According to the New Mexico Children, Youth and Families Department (CYFD) 2010 list of licensed and registered home care providers in southwest Albuquerque, there 400 registered providers in southwest Albuquerque. Nearly 10% (34) of the providers are center-based (public or private) and 91.5% (366) are registered home care providers. The PCA team used Excel software to select a random sample of 48 child care providers from the 2010 CYFD list. The PCA team contacted the providers via U.S. Mail and telephone to schedule an interview time, and met the providers at their places of work to conduct the survey.

When providers were asked how they would describe their center or school, 16.7% said they were a public or private center, while 83.3% said they were a registered (family or non-family) home care provider (See chart 1).

Chart 1: Self-description of providers

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
Public Center	7	0	7	14.6%
Private Center	1	0	1	2.1%
Registered Home Care	0	35	35	72.9%
Family (non-parent)	0	5	5	10.4%
Mother or Father	0	0	0	0%
Informal	0	0	0	0%
Other	0	0	0	0%

### Analysis

The analysis of this survey emphasizes the differences between center-based child care providers (8) and home-based child care providers (40). For this analysis, Center-based Providers includes the providers that self-identified as a public or private center, while all remaining categories (Registered Home Care and Family) are grouped as Home-based Providers. Of the 48 surveys conducted, 72.9% identified as being a registered home care provider, 14.6% a public center, and 10.4% family providers.

### Demographics

The average number of children in the care of center-based providers who took the survey was 80, which was significantly larger than the average number of 4 children enrolled with the home-based child care providers who took the survey (See Chart 2).

Chart 2: Approximate number of children currently enrolled in each center.

	Total number of children	Average number of children
Center-based Providers	642	80
Home-based Providers	161	4

The majority of child care providers who participated in the survey enrolled children who were between the ages of three and four (66.9%). A significant number of providers also provided care for children ages six and older (21.1%). However there were significant differences between the ages enrolled in center-based care and the ages of children enrolled in home-based care. Whereas 78.5% of the children cared for in center-based settings were ages three and four, the majority of children (68.6%) cared for in home-based settings were younger than two years old (20.8%) and six years old or older (47.8%). Please see chart 3, below.

Chart 3: The percentage of children enrolled with center-based providers and home-based providers by age.

	0-2 years old	3 years old	4 years old	5 years old	6 years old or older
Center-based Providers	4.8%	31.2%	47.3%	2.4%	14.4%
Home-based Providers	20.8%	7.5%	13.8%	10.1%	47.8%
Percent of Total Children	8%	26.4%	40.5%	3.9%	21.1%

Nearly 86% of the children enrolled with the child care providers surveyed were Hispanic, 7% were white, nearly 4% were black, and 3% were American Indian. The home-based providers indicated a higher percentage of Hispanic students (94%) than the center-based providers (83%). Conversely, the center-based providers enrolled slightly more white, black, and American Indian children (15%) than the home-based providers (6%). Additionally, the survey participants categorized children as “other” if the child was bi-racial or multi-racial. See chart 4 below.

Chart 4: The approximate percent of children within each racial/ethnic background.

	Center-based Providers	Home-based Providers	Percent of Total Children
White, non-Hispanic	8.1%	2.6%	6.9%
Black, non-Hispanic	4%	1.9%	3.5%
Hispanic	83.2%	94.2%	85.5%
American Indian	3.4%	0.6%	2.9%
Asian	0%	0%	0%
Native Hawaiian or Pacific Islander	0%	0%	0%
Other	1.4%	0.6%	1.2%

When providers were asked what percentage of the children enrolled in their center or school were from southwest Albuquerque, center-based providers reported an average of 83.5% and home-based providers reported slightly more – 88.1%. Importantly, 36 out of the 48 providers surveyed reported that 100 percent of their children were from southwest Albuquerque. Five providers (1 Center-based, 4 Home-based) reported that 0%-5% of the children they served were from southwest Albuquerque. The remaining seven indicated that over 50% of the children they served were from the area.

### *Language*

Research indicates that early childhood education is most effective when in the child’s native language (Early Head Start National Resource Center, 2001b). PCA asked several questions regarding the language spoken by the providers and communication with English Language Learners. The center-based providers reported that approximately 31.3% of the children in their center or school speak a primary language other than English; this was 44.2% for the children enrolled in home-based care. Providers overwhelmingly reported that these children speak Spanish as their primary language (approximately 90%).

Providers were asked how they communicate with children at their center or school who speak a language other than English (see chart 5). Of the providers who took the survey, 69% reported that staff speaks the language of children who speak a language other than English and 25% said they speak English to the children who don't speak English as their first language. When the responses are disaggregated by center type, 50% of the center-based providers communicate in English with non-English speaking children compared to 20% of the home-based providers (see chart 5). It is important to note that providers who took the survey were asked to "check all that apply." Most providers who took the survey indicated the use of multiple approaches when communicating with children who speak a language other than English. The top three responses from center-based providers were: (1) Staff speaks children's language, (2) Other children interpret, and (3) was a tie between Use an adult interpreter or (4) Speak to child in English. The top three responses from home-based providers were: (1) staff speaks children's language, (2) not applicable (which we assume is a result of the family care providers who spoke the same language as the child), and (3) speak to the child in English.

Chart 5: How providers communicate with children who speak a language other than English (Respondents selected all that apply).

	Center-based Providers	Home-based Providers	Total Survey Respondents
Staff speaks children's languages	87.5%	65%	68.8%
Use adult interpreter	50%	0%	8.3%
Other children interpret	62.5%	5%	14.6%
Learn phrases from parents	37.5%	14%	18.8%
Use physical cues/hand gestures with child	25%	7.5%	10.4%
Speak to child in English	50%	20%	25%
Not Applicable	0%	25%	20.8%
Other	0%	5%	4.2%

Providers were asked a similar question about how they communicate with parents who speak a language other than English. The answers were similar to how they communicate with the children who speak a language other than English. A majority (68.8%) of the providers who took the survey indicated that the staff speaks the children's language. Again, we can assume that the 27.5% of home-care providers who responded "not applicable" did so because they are family-care providers and speak the same language as the parents (see chart 6).



Chart 6: How providers communicate with parents who speak a language other than English (Respondents selected all that apply).

	Center-based Providers	Home-based Providers	Total Survey Respondents
Staff speaks parent's languages	87.5%	65%	68.8%
Use adult interpreter	50%	2.5%	10.4%
Child interprets	62.5%	0%	10.4%
Learn phrases from parents	12.5%	0%	2.1%
Use physical cues/hand gestures with parent	12.5%	0%	2.1%
Speak to parent in English	12.5%	12.5%	12.5%
Not Applicable	0%	27.5%	22.9%
Other	0%	7.5%	6.3%

### Capacity

An important area of inquiry for this study was the capacity of the child care centers in the area. To understand the capacity of the centers, PCA asked two key questions: *The last time you had a vacancy, how long did it take you to find another child to enroll in your center or school?* and *What is the approximate length of the waitlist for children at each age group?* As noted in chart 7, nearly 77% reported that the last time they had a vacancy, the vacancy was filled either immediately or in less than two weeks. Only 6.4% reported that it took more than one month to fill a vacancy.

Chart 7: The amount of time it took to find another child to enroll in the center or school.

	Center-based Providers	Home-based Providers	Total Survey Respondents
Waitlist, vacancy filled immediately	87.5%	74.4%	76.6%
Less than a week	0%	7.7%	6.4%
One to less than two weeks	0%	7.7%	6.4%
Two weeks to one month	12.5%	2.6%	4.3%
More than one month	0%	7.7%	6.4%

In an effort to more clearly understand access to local child care, interviewers asked providers to describe how long the waitlist was for each age group (see chart 8). The center-based providers reported having substantially longer wait lists for 3-year-olds (over 21 days) and 4-year-old (over 17 days) than for younger or older children. One center-based provider indicated a wait list of 120 days for 4-year-olds and one home-based provider reported having a wait list ranging from 2-8 weeks for each of the age groups. Inversely, one home-based provider was not accepting children other than her grandchildren.

Chart 8: The approximate length of the wait list for each of the age groups (Reported as an average number of days).

	Center-based Providers	Home-based Providers
0-2 years old	0.13	0.59
3 years old	21.25	0.69
4 years old	17.25	0.69
5 years old	0.38	0.72
6 years old	0.62	0.72

Additionally, 79% of providers reported that they would be willing to serve additional children if they had a great capacity. There were one center-based provider and nine home-based providers who said they would not be willing to serve additional children. The nine home-based providers were likely providers caring for their own children or grandchildren and were not interested in serving children outside the family. Moreover, the home-based providers reported an average of 1.05 teachers working at their centers, compared to 8.5 reported by the center-based providers. Two center-based providers had 21 employees while two home-based providers had two teachers employed at their centers. The limited number of teachers at the home-based centers limits the ability of home-care providers to additional children.

### *Teacher demographics & training*

PCA was also interested in understanding the ethnicities and certifications of the teachers employed at the child care centers in the area. Chart 9 notes that a large majority (90.3%) of the teachers working at the centers in this survey were Hispanic. Nearly 10% of the teachers were white (7.7%) or American Indian (1.9%).

Chart 9: The number of teachers employed at each center or school by racial/ethnic group.

	Center-based Providers	Home-based Providers	Total Number of Teachers	Total Percentage
White	5	3	8	7.7%
Black	0	0	0	0%
Hispanic	55	38	93	90.3%
American Indian	1	1	2	1.9%
Native Hawaiian	0	0	0	0%
Other	0	0	0	0%

### *Support and Improving Quality*

It was clear from the responses that a large majority of the providers who participated in the survey had some desire to network with other child care providers and believed that the opportunity to connect with other providers would be helpful to their work. Nearly 90% of providers reported that they believed working with other directors/teachers/child home-care providers would be helpful to them. As chart 10 notes, 46.7% of providers reported never



communicating with their local elementary school, while 13% said they communicate with their local elementary school daily.

Chart 10: How often providers communicate with their local elementary school.

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
Daily	3	3	6	13%
Weekly	4	1	5	10.9%
Every other week	2	1	3	6.5%
Monthly	2	1	3	6.5%
A few times per year	7	1	8	17.4%
Never	0	21	21	46.7%

The vast majority (84.7%) of child care providers reported that they were not involved in early childhood advocacy issues (see chart 11). Center-based and home-based providers were similar in their engagement with advocacy issues. For the seven providers who reported being involved in early childhood advocacy issues, it is unclear what they consider advocacy, how they are engaged, and why they consider this effort important.

Chart 11: Involvement with early childhood advocacy issues

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
Yes	2	5	7	15.2%
No	5	34	39	84.7%

PCA asked providers to rate their center (1-10) on how well they teach several early childhood development skills to the children they serve (see chart 12). With the exception of one center-based and two home-based providers who rated themselves a 5 or below on several or all of the variables, providers rated themselves high (6-10) on each of the skills. The three highest-rated skills self-reported by providers were: (1) How to get along and play well with others, (2) Catching a ball and balancing that use coordination of big muscles - arms/legs, and (3) Using pencils, scissors, and other things that use coordination of small muscles. When the answers were disaggregated by center type, center-based and home-based providers differed slightly. Home-based providers rated themselves higher on (1) How to get along and play well with others, (2) How to listen to and follow directions in a group, (3) How to control (child's) own behavior & emotions - waiting for a turn and sharing toys and (4) How to ask questions and tell stories. However, the center-based providers consistently rated themselves higher on almost all of the other indicators.

Chart 12: On a scale of 1-10 (1 being extremely low and 10 being extremely high), how would you rate your CENTER or school on teaching the following:

	Center-based Providers	Home-based Providers	Total Survey Average
Alphabet, colors, counting to 10	9.14	8.74	8.94
How to write some letters and write own name	9.14	8.79	8.97
Interest in reading and looking at books	9.14	8.69	8.92
How to get along and play well with others	9.14	9.33	9.24
How to listen to and follow directions in a group	9.00	9.26	9.08
How to control (child's) own behavior & emotions - waiting for a turn and sharing toys	9.00	9.15	9.08
How to ask questions and tell stories	9.00	9.03	9.02
Catching a ball and balancing that use coordination of big muscles - arms/legs	9.14	9.10	9.12
Using pencils, scissors, and other things that use coordination of small muscles	9.14	8.97	9.06

### ***Professional development***

Chart 13 displays the number of teachers reported by providers as having a certification related to early childhood education. While the 40 home-based providers reported having 42 teachers working with children, these providers indicated that fewer than 50% (20 teachers) had any type of certification. Three center-based providers and 23 home-based providers selected “other license” and listed various forms of early childhood course work and training, although not complete certificates or licenses. Overall, 53.2% of the teachers at the centers surveyed had a Child Development Associate’s Degree. Approximately 35% of the teachers at the center-based child care facilities had a State Certificate in Early Childhood Education.

Chart 13: The number of teachers who have the following certifications.

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
A child development associate (CDA) credential	35	15	50	53.2%
A certified child care professional credential (CCP)	2	2	4	4.3%
A national administrator credential (NAC)	3	0	3	3.2%
A state certificate in ECE	26	0	26	25.5%

A state certificate in elementary education	3	1	4	4.3%
A state certificate in secondary education	0	0	0	0%
A state certificate in special education	2	1	3	3.2%
Another state education certificate	3	1	4	4.3%
A license as a registered nurse (RN)	0	0	0	0%
A license as a licensed practical nurse (LPN)	0	0	0	0%
A license as a social worker	0	0	0	0%
A license as a psychologist	0	0	0	0%
A licence as a speech pathologist (CCC/SP)	0	0	0	0%
Other license, certificate, or credential (please specify)	3 providers	23 providers	See narrative above	

Given that the vast majority of child care providers in southwest Albuquerque are home-care providers, it is critical that we understand the professional development needs of both center- and home-based providers. When providers were asked what types of professional development they were in need of, the center-based providers described the need for professional development to focus on (1) classroom management, (2) curriculum development, and (3) special needs training. Contrastingly, home-based providers discussed the need for (1) educational advancement for themselves, (2) no need for any professional development, and (3) health training (see chart 14 below).

Chart 14: What types of professional development opportunities are you in need of?

Themes from Center-based Providers	Number	Themes from Home-based Providers	Number
Classroom Management	3	Educational Advancement	14
Curriculum	2	None	9
Special Needs Training	2	Health Training	5
Educational Advancement	1	Curriculum	5
None	1	Special Needs	3
		Language Class	3
		Classroom Management	1

It is interesting that a significant number of home-based providers reported not needing any professional development. While it is difficult to understand why such a significant number of

home-based providers reported not needing any professional development, it may be important to understand whether home-based providers are aware of what opportunities for learning professional development provides. Such professional development opportunities may take care of the curriculum needs that both center- and home-based providers also reported needing. An additional key theme that emerged when providers were asked questions regarding professional development was the need for more professional development around two key areas: (1) language acquisition (both English and Spanish), and (2) how to care for children with disabilities.

These findings correspond with the Early Childhood Longitudinal Study findings (Halle, et al, 2009), which found that many low-income families and families whose home language is not English are more likely to use home-based child care than center-based care, particularly between the ages of 9 months and 2 years old. In this study, researchers concluded that it is therefore important to focus on *both* curriculum and professional development for center-based *and* home-based providers. Most significantly, however, the study found that high-quality care (both home- and center-based) has the potential to improve child outcomes at two years of age.

### *Quality*

When providers were asked about how they could improve the quality of services offered, center-based providers focused on the need for materials and increased staff, while the majority of home-based centers said they were either not in need of anything or they were in need of additional space, more adequate environment, safe facilities, and more materials. The need for more materials was a need both center- and home-based providers described.

Chart 15: How providers believe they can improve the quality of their services.

Themes from Center-based Providers	Number	Themes from Home-based Providers	Number
Materials	4	Nothing	7
Staffing	2	Building Space / Adequate Environment / Safe Facilities	4
Expand Services/More Hours	1	Materials	3
Infrastructure/Building/Space	1	Care and Love	2
Parental Involvement	1	Professional Development	2
		I don't know	1
		Special Needs Training	1
		Technology Skills	1

When asked about the specific challenges providers experienced, center-based providers responded that caring for diverse learners was the number one challenge. The top response among home-based providers, on the other hand, was that they did not have any challenges. The second most frequent response from home-based providers was providing adequate care for children. This included concerns around consistently being able to provide the best care. Specifically, these responses included: wanting to be able to “be ready to help them [children] always,” to “be the best,” and to “make sure the kids are fine.”

Chart 16: Biggest challenges as a provider of early childhood services

Themes from Center-based Providers	Number	Themes from Home-based Providers	Number
Providing services to diverse children	2	None	11
Classroom Management/Discipline	1	Care for Kids	9
Funding	1	Classroom Management/Discipline	5
Quality of Education	1	Parent Engagement	3
Scheduling Hours	1	Providing Services to Diverse Children	3
Staff Development	1	Quality of Education	2
Parent Engagement	1	Educational Advancement	1
		Professional Development	1

### *Need for resources*

When asked what type of support the providers could use, the top three responses were: (1) supplies/materials, (2) funding/resources, and (3) no additional resources needed. Significantly, home-care providers responded in overwhelming numbers that they need additional funds to cover the cost of supplies, equipment, food, utilities.

Chart 17: What type of support could you use that you are currently not receiving or need more of to better serve your families?

Themes from Center-based Providers	Number	Themes from Home-based Providers	Number
Community Support	3	Resources- e.g supplies/materials	14
None	2	Funding- e.g. for food, energy, equipment	9
Funding- e.g.for food, energy, equipment	1	Professional Development	7
Scheduling Hours	1	Nothing	4
		Activities/Outings/Field Trips	3
		I don't know	1
		More Children	1
		More Space	1
		Nutrition	1

It is important to note that a significant number of home-based providers spoke of lack of resources and funding as a major challenge. While it is difficult to say definitively, the current weak economic state seems to be affecting families, particularly working-class and lower income families in significant ways, which may be connected to the need for increased resources, particularly around food and energy. Quality of care is inherently connected to whether providers have adequate resources to meet the basics needs of the children in their care. It is imperative that the constraints that home-based providers are currently experiencing due to the economy be understood more thoroughly.

### *Parental involvement*

Another important finding was that both home- and center-based providers were communicating with parents regularly. In fact, the majority of providers surveyed (45.8%) reported that they schedule more than five meetings per year with parents, and another 27% reported that they schedule one to two meetings with parents each year. All together, approximately 92% of providers reported that they schedule at least one meeting with parents during the year. However, when asked how often providers communicate using written language, 38% responded never, approximately 21% responded weekly, and nearly 15% responded daily.

Chart 18: the approximate numbers of times per year meetings are typically scheduled with parents.

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
0	0	4	4	8.3%
1-2	2	11	13	27%
3-4	3	4	7	14.6%
4-5	0	2	2	4.2%
More than 5	2	20	22	45.8%

A significant number of center-based providers responded that they expect parents to participate as classroom volunteers (85.7%), as members of a parent council or other governing body (71.4%), and by attending special events or activities, such as a children's performance, holiday party, etc. (71.4%). Home-based providers differed slightly in how they expect parents to participate in activities – 64.1% expect parents to participate as classroom volunteers, 51.3% expect parents to attend special events or activities, and 48.7% expect parents to help at special events or activities.

Chart 19: The percent of providers who expect parents to participate in the following activities.

	Center-based Providers	Home-based Providers
As classroom volunteers	85.7%	64.1%
As members of a parent council or other governing bodies	71.4%	12.8%
By doing maintenance, chores, or shopping for the center	42.9%	41%
By helping at special events or activities	57.1%	48.7%
By attending special events or activities, such as a children's performance, holiday party, etc.	71.4%	51.3%
Other	14.3%	17.9%

It is important to note that there seem to be slightly higher expectations for parent involvement from center-based providers, but this may be due to the nature of the relationship home-based providers have with the parents, as many home-based providers are related to the parents and children.



As noted earlier, while 40.5% of providers reported that they provide parents written letters describing the play and learning activities that take place in children's classrooms once a week, 38.3% reported that they *never* provide such letters. See chart 20.

Chart 20: The frequency which parents receive written letters describing the play and learning activities that took place in the child's classroom (not including lesson plans that are given to parents in advance of activities)?

	Center-based Providers	Home-based Providers	Total Survey Respondents	Percentage
Daily	1	6	7	14.9%
A few times a week	0	2	2	4.3%
Once a week	2	8	10	21.3%
Less than once a week	0	0	0	0%
About once a month	3	5	8	17%
Less than once a month	1	1	2	4.3%
Never	0	18	18	38.3%

Providers who took the survey replied that the majority of the children at their school or center have parents who participate by attending events or activities (60%), as classroom volunteers (57.8%), and by helping at special events or activities (56.5%).

Chart 21: The percentage of children with parents who participate in any of the following ways? (Data reported as a weighted percentage.)

	Center-based Providers	Home-based Providers	Total Survey Respondents
As classroom volunteers	64%	57%	57.8%
As members of a parent council or other governing body	60%	30%	34.5%
By doing maintenance, chores, or shopping for the center	56%	41%	43.5%
By helping at special events or activities	76%	53%	56.5%
By attending special events or activities	63%	59%	60.0%
Other	60%	43%	45.1%

Across the board, home-based providers gave higher ratings to their parents on supporting their children's cognitive and non-cognitive skill development (see chart 22). Again, some of this may be due to the fact that many of the home-based providers were related to the parents and children they were caring for. Center-based programs reported low-levels of parent involvement in teaching how to ask questions and tell stories. While this may be an important marker in childhood development, it may be interesting to more carefully analyze this expectation around its cultural significance, as encouraging young children to question adults is not always perceived as

culturally appropriate. Overall, however, satisfaction levels with parent involvement in skill development were high among both home- and center-based providers.

Chart 22: On a scale of 1-10 (1 being extremely low and 10 being extremely high), how do providers rate PARENTS on teaching their children the following: (Reported as a weighted average rating)?

	Center-based Providers	Home-based Providers	Total Survey Average
Alphabet, colors, counting to 10	7.57	8.56	8.41
How to write some letters and write own name	7.14	8.28	8.11
Interest in reading and looking at books	7.71	8.29	8.02
How to get along and play well with others	7.57	8.59	8.43
How to listen to and follow directions in a group	7.29	8.49	8.31
How to control (child's) own behavior & emotions - waiting for a turn and sharing toys	7.29	7.95	7.85
Non-parenting talk (i.e. "how was your day?", "what did you learn today?")	7.57	8.44	8.31
How to ask questions and tell stories	7.00	8.42	8.02
Catching a ball and balancing that use coordination of big muscles - arms/legs	7.14	8.74	8.50
Using pencils, scissors, and other things that use coordination of small muscles - hands/fingers	7.14	8.36	8.17

Finally, when asked how the providers define quality early childhood education, the top three responses were (1) reading, alphabet recall, math, numbers, and colors, (2) socializing, caring, respecting, and (3) parental involvement.

Chart 23: Provider definitions of a quality early childhood education.

Themes from Center-based Providers	Number	Themes from Home-based Providers	Number
Quality Teachers	3	Reading/ABC/Math/Numbers/Colors	13
Encouragement/Develop self-esteem	2	Manners/ Socialization	7
Meeting the needs of diverse children/families	1	Encouragement/Develop Self-Esteem	5
No Answer	1	Parental Involvement	4
		None	3
		Formal Pre-K	2
		Laughing /Fun	2
		Adequate Environment/Safe Facilities	1
		Quality Teachers	1
		Faith	1

Center- and home-based providers differed only slightly in their definitions of quality with center-based providers responding that quality teachers are most important and home-based providers responded that reading, alphabet recall, math, numbers, and colors were most important.

## Discussion

The intent of this survey was to understand the various types of licensed and registered childcare providers in southwest Albuquerque. For the analysis, the survey participants were divided into center-based and home-based providers based on their self-description of their center or school. As we expected, the center-based providers served a significantly higher number of children than the home-based providers. The center-based providers also served more children between the ages of 3 and 4 years old. Although there were considerably less children in the care of home-based providers, the home-based providers reported serving a higher percentage of Hispanic students (94%) than the center-based providers (83%). Having children in family homes offers an opportunity for young children to receive care that meets all of their needs – educational, cultural, and linguistic.

Reflective of the demographics of southwest Albuquerque, providers reported that the children who speak a primary language other than English, overwhelmingly speak Spanish as their primary language (approximately 90%). All providers indicated using multiple techniques to communicate with the children and parents who spoke a language other than English. Considering the high concentration of Spanish-speakers in southwest Albuquerque, it is not clear how many of the home-based providers were Spanish-speakers and how they communicate with children who speak English or support English language acquisition.

Advocacy, professional development, and networking are central to the development of skills and the professionalism of a child care provider. The vast majority (85%) of child care providers reported that they were not involved in early childhood advocacy issues. Of those whom stated they were involved, it is not clear what they were involved in and to what extent they were involved. Additionally, a vast majority of the providers never or infrequently have contact with their local elementary schools. There is a need to connect child care providers with advocacy efforts that have the potential to impact the distribution of resources that will meet the needs of providers on southwest Albuquerque. Moreover, there is a need to create professional development and networking opportunities for home-based providers given that the vast majority of providers in southwest Albuquerque are home-based and have limited occasions to seek support for their work.

PCA's current efforts around early childhood education focus on advocacy, professional development, and networking for parents and home-based child care providers. Engaging local providers in this initiative will provide home-based providers the chance to be an advocate for the children whom they serve, to recognize areas for improvement in child care, and to connect with a community interested in supporting high quality, home-based child care. PCA is also particularly interested in parental involvement with their child care provider. Overall, there seems to be fairly high satisfaction among both home- and center-based programs around parent involvement.

The result of this study made evident the need to ensure all providers have basic resources in order to adequately meet the needs of the children they serve. City, county, and state programs may need to play a more significant role in ensuring food, utilities, and other subsidy opportunities are offered to all providers, but particularly home-based providers. Further investigation should aim to understand if there is lack of communication about the resources offered to home-based providers and the extent to which the resources can meet the needs of home-based providers. Although it is not the only factor, it was apparent from the findings that resources are closely related to quality of care and that home-based providers are struggling to meet some basic needs to provide care in their homes.

Finally, there were a significant number of home-based providers that reported that they were not in need of anything (professional development, things to improve quality of services, etc.). Although we are not sure why this is, we saw this as a reoccurring theme. We suspect that the limited opportunity to network with other providers and have access to professional development opportunities limits their insight on needs and areas for improvement. Alternatively, it could be a limitation of this study if the home-care providers were afraid to report any issues or challenges they were having in their center. Additionally, the low level of formal training and certifications amongst the home-based providers raises questions for further investigation: (1) what are the implications for the quality of care? (2) what are the implication for access to resources? and (3) what are the implications for children in southwest Albuquerque given that a lot of the young children are being cared for in homes and the majority of those home-care providers do not have any certification?

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