YEAR THREE

San Diego Shared Services Alliance

Evaluation Report

July 2026

PARTNER ORGANIZATIONS

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I. Executive Summary

From September 2023 to July 2025, the San Diego YMCA Childcare Resource Service (CRS), in partnership with a group of local organizations that serve center and home-based child care providers, was awarded the San Diego County Shared Services Alliance (SSA) contract. The partner organizations included: Chicano Federation (CF), Child Development Associates (CDA), Horn of Africa (HOA), and International Rescue Committee (IRC).

The program was established to support child care providers by strengthening their business sustainability and promoting growth. It aimed to accomplish this by helping providers improve their business practices and operational infrastructure. The San Diego SSA model combined business coaching, professional development, and technology to support child care providers and meet the program's goals and objectives. SSA supported 105 child care providers in Year 1 and 120 providers in Year 2 of the program. At the conclusion of Year 2, San Diego County did not renew the contract with the YMCA CRS for the SSA program.

In July 2025, three local philanthropic organizations, Price Philanthropies, The San Diego Foundation, Blue Shield Foundation of California, and the Girard Foundation, partnered to provide bridge funding to YMCA CRS for a third year of the SSA until a more permanent funding stream became available. Collectively, they have also collaborated to fund and support a similar business support program for child care providers, STEPS to Family Child Care Success (STEPS), demonstrating their advocacy for programs that support the sustainability of child care providers from immigrant and refugee backgrounds.

The overall purpose and objectives of SSA Year 3 remained; however, the model was redesigned into a three-tiered approach to service intensity to expand the program's reach to more providers.

Luminary Evaluation and the San Diego State University Center for Excellence in Early Development (CEED) conducted the Year 1 and Year 2 program evaluation of the SSA program and were contracted to complete the Year 3 mid-program evaluation and final year-end report. At mid-program, December 31, 2025, Year 3 performance measures indicated the SSA partner organizations were on track to meet the outcomes and objectives of the SSA program. It was recommended that partners review individual provider intake data alongside the November 2025 baseline reports to identify opportunities for providers to strengthen business practices, improve sustainability, and generate income. At program end, SSA partners were able to help providers assess the needs of their child care business, create a plan for improvement, and support providers with business coaching and resources. A summary of the findings and recommendations is presented on the following page.

Key Findings

Increased caseloads reduced service intensity for individual providers.
Year 3 required each coach or cultural navigator to increase their caseload of providers by 1.5 times or 250% from 20 to 50 providers. The program reached a broader number of providers, however the intensity of services per provider decreased. The average number of goals completed decreased from 3.5 goals per provider in Year 2 to 1.25 goals per provider in Year 3. Increasing the caseload could lower the service level for each provider even more.

The tiered service model made caseload expansion manageable.
The three-tiered service model succeeded as a strategy for absorbing higher caseloads. Partner leaders reported that the model allowed coaches to group providers with similar needs together, freeing up time for new providers and those requiring higher-intensity support; without it, one leader noted, the same coach "couldn't have done it with 50 providers."

Culturally and linguistically responsive delivery was central to program effectiveness.
Forty-one trainings were delivered across four languages. Providers and partner leadership repeatedly identified this responsiveness as central to program effectiveness, particularly for reaching providers who might otherwise face access barriers.

Providers are building business knowledge and adopting stronger practices.
Providers report increasing confidence in managing key business and financial tasks, with the areas of strongest confidence closely mirroring what they identified as priorities at intake. This alignment suggests the program is meeting providers where their expressed needs were greatest while also revealing that some tasks, such as accessing capital funding, remain more difficult.

Child enrollment and estimated revenue levels were maintained or increased across the program.
Seventy-seven percent of FCC providers (n=259) increased or sustained their child enrollment. The average percent increase for FCC child enrollment is 7.3%. All five centers increased their child enrollment. The average percent increase for center-based child enrollment is 76% (n=5). Based on enrollment, average estimated monthly tuition income rose by $440.81 for FCC providers and $13,926.45 for center-based providers.

Access to grants and public subsidies showed limited progress.
Only 34 providers (11%) reported securing grants or stipends, totaling $87,557, as opposed to 104 providers (86%) who reported $129,000 in secured funding during Year 2. This reflects a constrained external funding landscape rather than a program design gap.

Providers want the program to continue.
Providers across all five partner organizations expressed a strong, consistent desire for the program to continue beyond the current year, describing business needs as ongoing rather than resolved by a single program cycle.

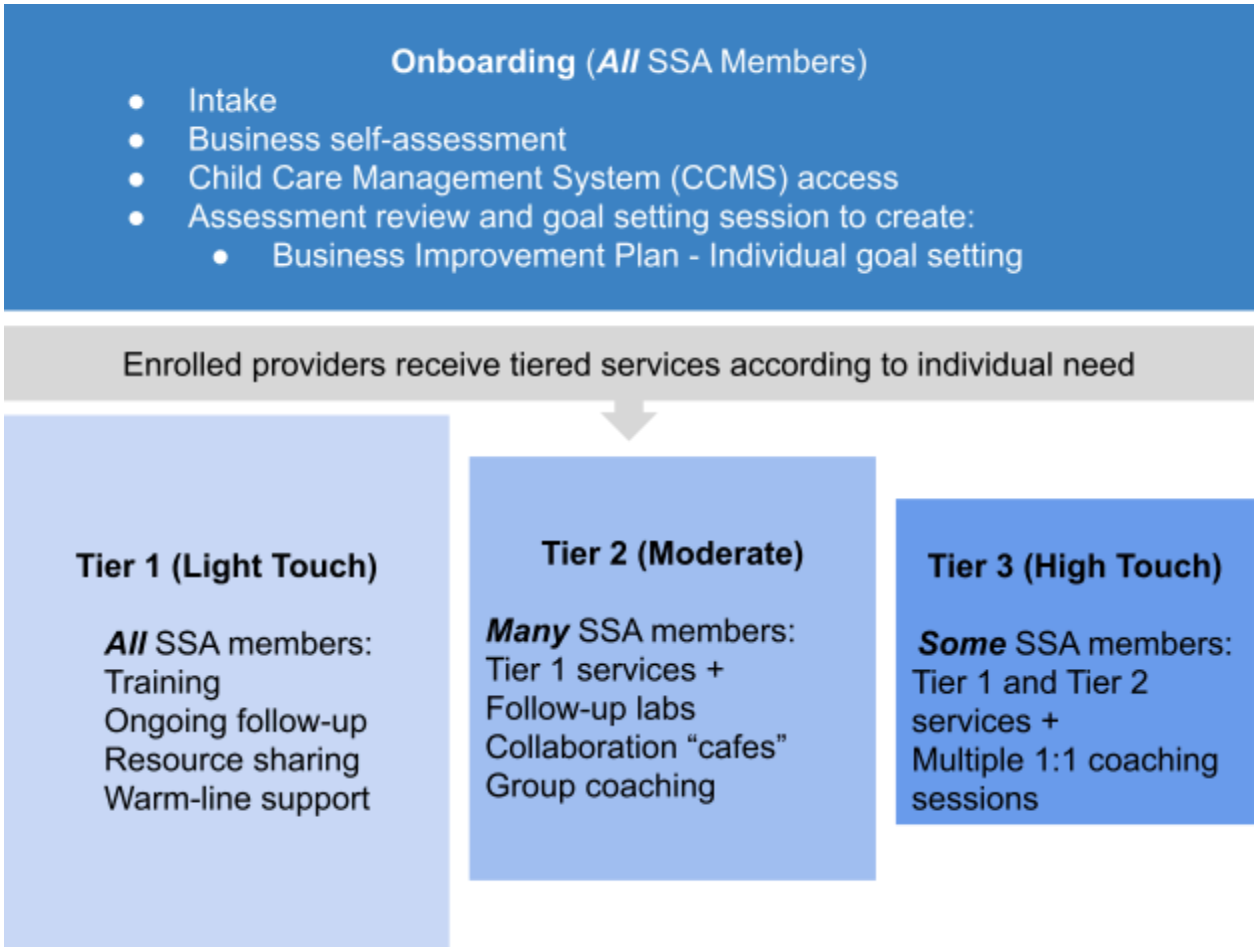
Sustained funding and staffing are preconditions for continued service levels.
Partner organizations need continued resources to offer training and professional development at a level that can support a higher provider caseload without eroding service quality. Adequate funding and staffing for partner organizations remains a precondition for sustaining current service levels.

II. Program Overview

Purpose. The primary purpose of the current San Diego County SSA model is to help child care providers build confidence and skills in business practices to drive operational improvements, higher revenue, and greater sustainability. The program is based on the premise that a robust child care supply is foundational to a vibrant local and regional economy. If families cannot access safe, affordable child care for their children, it limits their ability to participate fully in the workforce.

Program Elements. The Year 3 SSA framework (Figure 1) incorporates a tiered approach to business coaching and technical assistance, with service intensity ranging from Tier 1 (provider needs group training or resources) to Tier 3 (provider needs multiple 1:1 coaching sessions). The tiered approach recognizes that not all providers need intensive, high-touch coaching throughout the program. Categorizing the level of support provides information to partner organizations to set caseload expectations and quantify the effort required to complete different types of business practices or goals.

Figure 1. Illustration of 3 Tier Program Design



III. Evaluation Methodology

The independent evaluation of the San Diego SSA (Year 3) spans August 2025 through July 2026. It consists of a formative evaluation of the first half of the implementation year and a summative evaluation reflecting the implementation and outcomes of the full grant year. The evaluation is structured around the following **Key Evaluation Questions**:

1. Is the SSA program needed? Overall, how well does the program address the need?
    a. Are the partners able to enroll and retain providers throughout the program period?
2. How well-designed and implemented is the SSA?
    a. Are the coaches/CNs using the tiered model as intended?
    b. Are the coaches/CNs using the assessment and business improvement plan as designed and intended? Did the coaches/CNs complete and help providers implement business goals?
    c. Did the program help providers achieve the following outcomes?
        i. Increase enrollment
        ii. Increase service capacity
        iii. Increase full fee collection
        iv. Increase overall revenue (money brought into programs)
        v. Improve business knowledge and confidence
        vi. Increase access to grants
        vii. Increase access to public subsidies
        viii. Increase participation in professional development?
        ix. Improve business operations
        x. Improve business infrastructure
        xi. Improve technology use
3. How valuable are the outcomes for participating child care providers?
    a. Are providers satisfied with the goals they have achieved?
4. What works best for whom, under what conditions? Why was this the case?
    a. Are services culturally and linguistically relevant and responsive?
5. How sustainable is the impact?
    a. Can existing providers administer and set goals going forward?

Data Collection and Sources

The evaluation uses a mixed-methods approach that combines qualitative and quantitative data to provide a comprehensive picture of service delivery, progress toward outcomes, and participant experience. The evaluation team developed a set of customized tools and instruments that capture outcome data and were also used by coaches and cultural navigators (CNs) to implement the program. Table 1 presents the data collection instruments and activities pursued during the program period.

Table 1. Evaluation Data Collection Activities

Instrument / Approach	Timing	Purpose
Intake Survey	Upon provider enrollment in the program	Completed by the provider either as a self-assessment or with assistance from a coach or CN. It collects provider demographic data and baseline information on business operations pertaining to program outcomes.
Business Improvement Plan (BIP)	By mid-program	Providers develop a BIP based on the results of their intake with support from a coach or CN. Once the BIP is developed, it serves as a case note document.
Goal Completion Log	Throughout program	Submitted by a coach/CN each time a provider completes a goal. It captures the goal, focus area, resources shared, and service level tier experienced by the provider.
SSA Partner Service Records of Provider Supports	Throughout program	Submitted by a coach/CN to the YMCA CRS, each time a provider support is delivered to individual providers. This report was shared with the evaluators. The record of provider supports did not align with the casenotes in the BIPs and is not included in this report. It is recommended that additional categories of supports are added and coaches are trained on how to categorize services delivered.
Subsidy Administrative Records	Mid-program and end of program	The YMCA CRS and other partners, as applicable, share provider rates as submitted to subsidy contractors to capture current provider rates.
Coach/Cultural Navigator Focus Group	End of program	One focus group was conducted at the end of the year with coaches/CN to understand their insights about implementation fidelity, provider engagement, and program challenges and successes.
Interviews with Partners and Child Care Providers	End of program	Conversations with SSA partner leadership and a sample of providers were conducted to gather in-depth feedback on program experiences, confidence, and perceived impact.
Post Program Survey	End of program	Assess post-program changes in business practices and key indicators of sustainability. The survey will also measure confidence, outlook on business sustainability, and program satisfaction.

IV. Service Delivery Targets

The San Diego SSA issued performance measures to partner organizations to track implementation fidelity. Table 2 presents the performance measures and the achievement status. These performance measures focus on the program's targeted outputs and are foundational to achieving the program outcomes described in Section V. Progress Toward Outcomes.

Table 2. Summary of SSA performance measures

Task	Deadline	Post Program Status	Evidence
Outreach and Enrollment: A minimum of 50 providers (CF, CDA, HOA, IRC) and 100 YMCA CRS providers enrolled in SSA, for a combined total of **300 providers** enrolled.	October 15, 2025	**Achieved**	By December 2025, all five partners met the requirement with a combined total of **312 providers** served (Table 3). For SSA member characteristics, see Table 4.
Intake & Assessment: Support each provider in completing a self-assessment of business practices.	Prior to developing a BIP	**Achieved**	All **312 providers** completed an intake survey that included questions about their business practices.
Improvement Planning: Work with each provider to develop a BIP with a minimum of one goal.	November 30, 2025	**Achieved**	A total of **312 BIPs** have been developed, each with at least one goal.
Provider Goals and Supports: Provide goal-oriented business supports based on BIP and provider needs.	May 30, 2026	**Achieved**	All providers completed at least 1 goal and a total of **374 goals** have been completed.
Child Care Program Resources: Connect providers with county-wide services, including assistance with applications for other funding opportunities.	May 30, 2026	**Limited Progress**	A total of 34 providers (11%) self-reported on the post survey receiving a grant or stipend during the program year. The total amount awarded collectively was $87,557. (Table 8) This limited access to external county-wide resources reflects an increasingly constrained external funding landscape.

Providers Served

SSA members are distributed across five partner organizations: 33% served by YMCA CRS, and the remaining 77% evenly distributed across CF, CDA, HOA, and IRC (Table 3). Approximately 17% of the enrolled cohort is served by each partner. Table 3 presents the number and distribution of all providers served during the 2025-2026 service year. This total includes both providers who completed the full year and ten providers who exited the program mid-year. (Reasons for program exit included relocation out of state, personal health reasons, availability, and licensure deactivation.)

Table 3. Providers served by partner organization

Partner Organization	n	%
Chicano Federation	52	17%
Child Development Associates (CDA)	50	16%
Horn of Africa	53	17%
International Rescue Committee (IRC)	53	17%
YMCA Child Care Resource Service (CRS)	104	33%
Total	**312***	**100%**

*Total number of all providers served, including 10 providers who left the program mid-year.

SSA Member Characteristics

SSA members represent a diverse cohort of center-based and family child care (FCC) providers (Table 4). The majority of participating providers operate family child care businesses, with small family child care homes (serving up to 8 children) and large family child care homes (serving up to 14 children) accounting for 98% of members.

Members also span a wide range of experience levels in operating their child care business. More than one-third report operating their businesses for more than 10 years. A substantial portion of SSA members are relatively new to the field, with 40% having three years or less of experience. The SSA cohort comprises multiple languages and cultures. Nearly half of providers served (45%) report Spanish as their primary language, followed by English (19%), Somali (16%), Arabic 13%, and other languages, including Dari/Farsi, Creole, Filipino, and Swahili (7%).

In terms of age and educational background, most providers fall within the ages of 35-44 (29%) and 45-54 (32%). Smaller proportions of providers report being between ages 25-34 (12%) or over 55 (24%). Educational attainment varies widely, with over three-quarters of providers (76%) achieving at least a high school diploma or GED and 39% reporting achieving at least an associate's

degree or higher. A total of 12% of members indicated that they have not completed formal schooling, hold no diploma, or have a middle school diploma.

Table 4. Business characteristics of providers served

	n	%
Type of Child Care Program		
Small Family Child Care (8 children maximum)	163	52%
Large Family Child Care (14 children maximum)	142	46%
Center-based Program	7	2%
Years Operating Child Care Business		
Less than 1 year	43	14%
1-3 years	81	26%
4-10 years	78	25%
More than 10 years	110	35%
Primary Language		
Arabic	39	13%
English	60	19%
Spanish	141	45%
Somali	50	16%
Other (Dari/Farsi, Creole, Filipino, Swahili)	22	7%
Race/Ethnicity		
American Indian or Alaska Native	1	0%
Asian or Asian American	18	6%
Black, African, or African American	69	22%
Hispanic or Latino/a	173	55%
Middle Eastern or North African	43	14%
White or European	12	4%

Age Range		
Under 25	7	2%
25-34	37	12%
35-44	92	29%
45-54	97	30%
55-64	62	20%
65 and over	13	4%
Prefer not to answer	1	0%
Highest Level of Education		
Middle school diploma	19	6%
High school diploma	85	27%
GED	30	10%
Associates degree	73	23%
Bachelor's degree	44	14%
Post-graduate degree	5	2%
No diploma	10	3%
No formal schooling	8	3%
Other	38	12%

V. Progress Toward Outcomes

This section of the report presents and discusses the achievement of the SSA's intended outcomes: 1) skill building and operational improvements, and 2) business performance and sustainability. Tables 5 and 6 present a summary of progress for each outcome area, indicating whether progress has been made and the strength of the change. Supporting evidence is summarized to support the rating. It is important to note that these ratings could be indicative of external conditions such as increasingly constrained resource availability. Rather they are indicative of external conditions such as increasingly constrained resource availability. The ratings also reflect the time required for meaningful change to occur, which in many cases extends beyond the confines of a single program year. The sections that follow provide details for each outcome, including the specific data sources and evidence that were examined during the summative evaluation period.

Table 5. SSA Outcomes: Skill building and operational improvements

Outcome	Post Program Progress	Evidence
Improved knowledge and business confidence	**Strong Progress**	Key business practices improved for providers. 85% of providers report keeping business receipts monthly (39% adopting this practice after joining SSA), and 55% of providers use an operating budget (40% adopting this practice after joining SSA). Members reported feeling confident in managing key business and financial tasks, though confidence was lowest for applying for local grants and stipends (67% very or confident) and highest for tracking business expenses for tax purposes (84%).
Greater participation in professional development	**Strong Progress**	Providers have attended 41 professional development training sessions conducted by SSA partners in the provider's primary language. Total attendance was 739.
Expanded access to grants and public subsidies	**Limited Progress**	34 providers were awarded a total of $87,557 in grants or stipends. (Given the general unavailability of external grant funding observed over the program period, this objective was challenging to pursue.)

Enhanced business operations, infrastructure, and technology	**Strong Progress**	73% of members reported using one or more CCMS systems at intake. This number increased to 88% by the end of the program.
Completion and implementation of individualized business improvement plans	**Some Progress**	374 goals completed among 300 providers (average of 1.25 goals per provider). 44% of goals required Tier 1 support. In Year 2, 423 goals were completed across 120 providers (average 3.5 goals per provider). More providers completed goals in Year 3 than Year 2, but providers individually completed fewer goals on average.

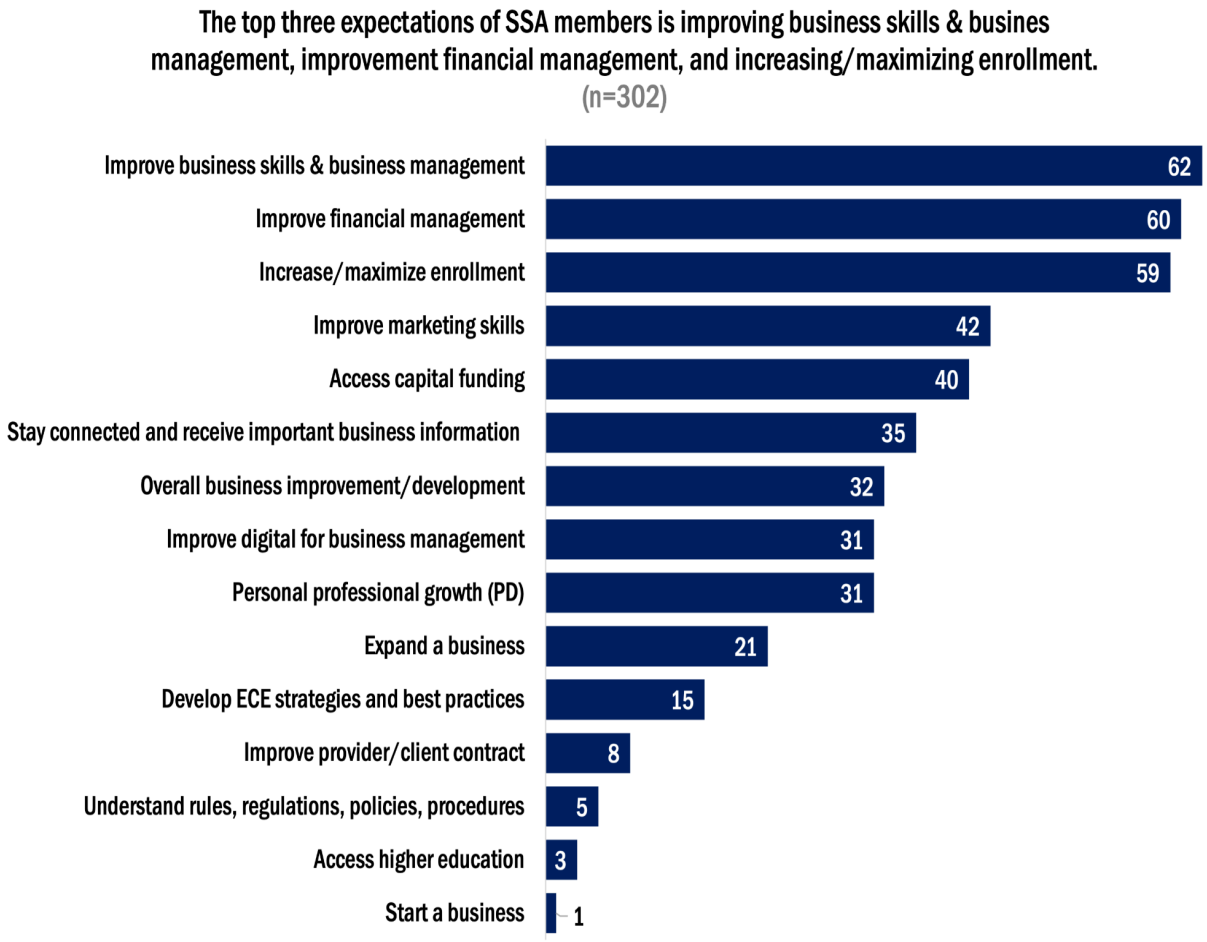
Table 6. SSA Outcomes: Business performance and sustainability

Outcome	Post Program Progress	Evidence
Increased enrollment and service capacity	**Strong Progress**	77% of FCC providers increased or sustained child enrollment. An average increase in enrollment of 7.3% was observed (n=259). 9 FCC providers increased their license capacity. All center-based providers' increased child enrollment. Total center-based enrollment increased by 91, an average increase of 76% (n=5).
Higher fee collection & increased overall revenue	**Some Progress**	45 providers increased their rates between December 2025 and May 2026. Based on enrollment and reimbursement and provider rate data, average estimated monthly tuition increased by $440.81 for FCC providers and $13,926.45 for center-based providers.

Improved Business Confidence and Knowledge

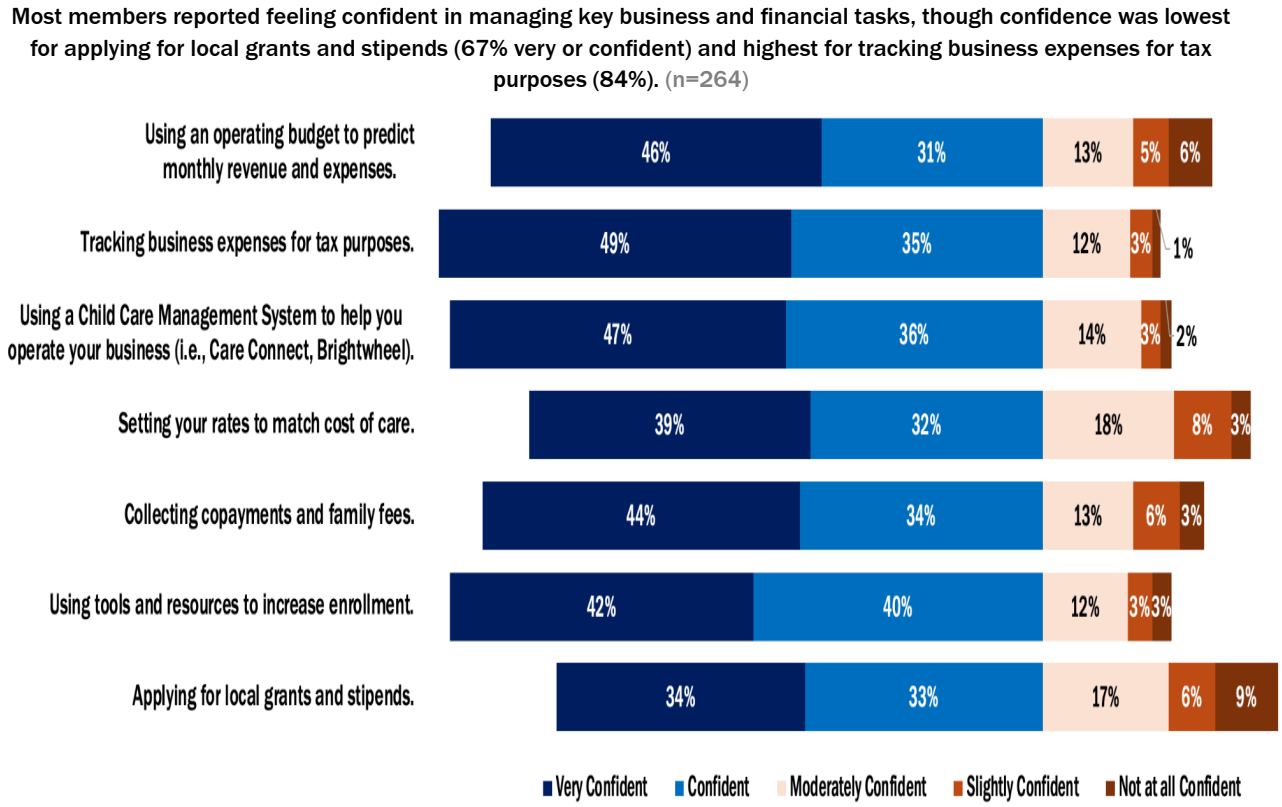
At intake, as shown in Figure 2, providers reported expecting the SSA to help them improve their skills and build confidence, particularly in financial management, enrollment, and marketing. Also, about half report that they consistently keep business receipts, but far fewer report that they have an operating budget in place, a key foundational practice for financial management and planning (Figure 3). This gap between basic recordkeeping practices and financial planning revealed an opportunity for targeted support in basic budgeting and financial decision-making.

Figure 2. Provider SSA Expectations



The confidence levels providers reported on the post survey closely mirror the expectations expressed at intake. Improving financial management and increasing enrollment were among the top expectations at program outset, and these are the same areas where members went on to report the strongest confidence: 84% felt very or confident in tracking business expenses for tax purposes, 82% in using tools and resources to increase enrollment, and 77% in using an operating budget to predict monthly revenue and expenses (Figure 3). Confidence was lowest for applying for local grants and stipends (67%), the task most closely tied to accessing capital funding—an expectation providers also identified at intake.

Figure 3. SSA member confidence levels



The post survey also examined whether providers had adopted two key business practices central to financial management: keeping business receipts (Figure 4) and maintaining an operating budget (Figure 5). Both saw meaningful uptake during the program, and notably, a substantial share of providers adopted each practice only after joining the SSA (39% and 40%, respectively), including the operating budget identified as a gap at intake.

Figure 4. SSA members keeping business receipts

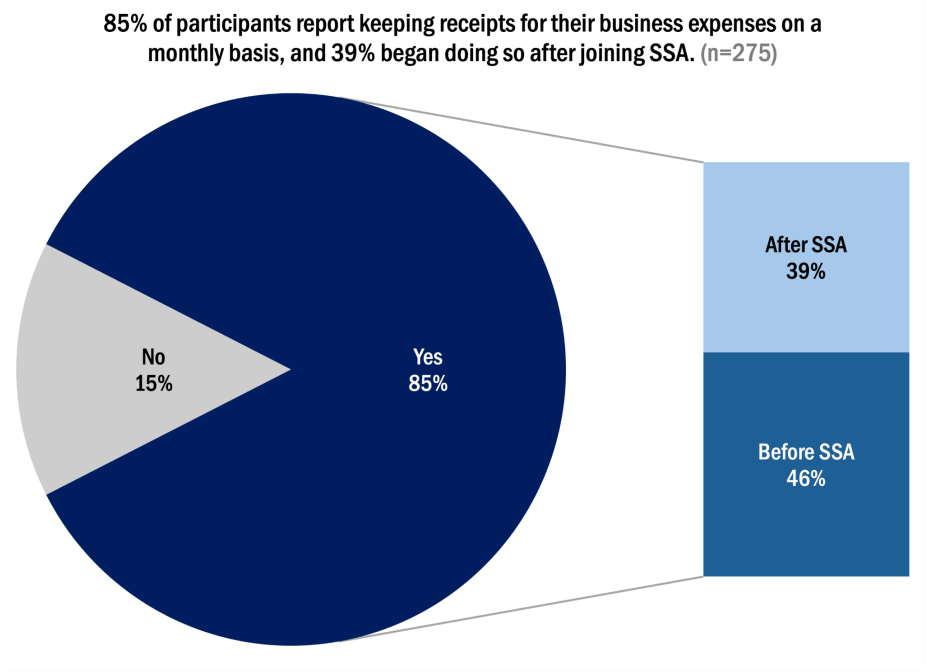
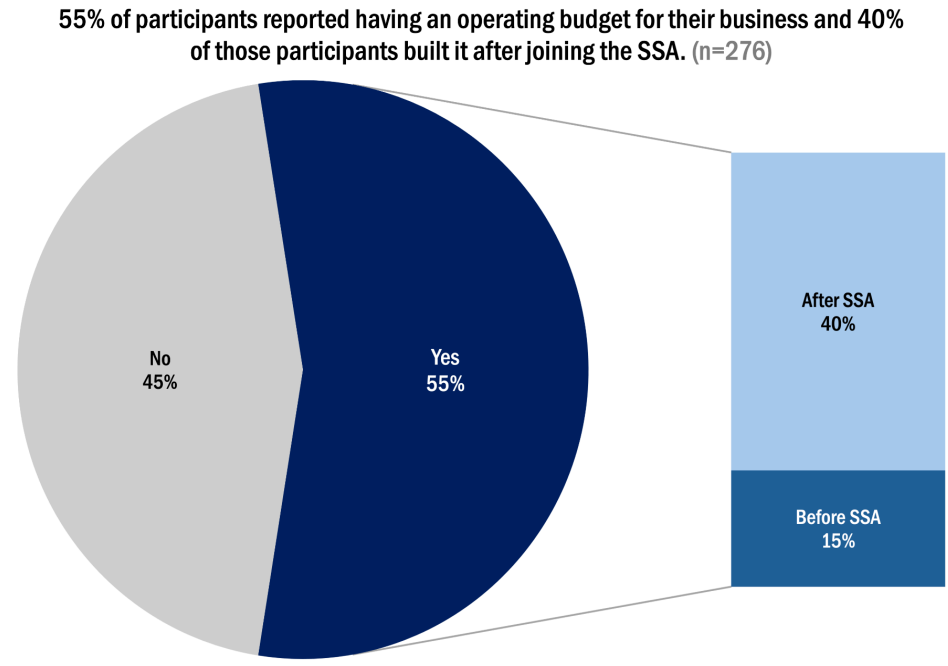


Figure 5. SSA members with an operating budget



Greater Participation in Professional Development

SSA partners conducted 41 professional development training sessions, displayed in Table 7, aimed at helping providers strengthen their business practices. Total attendance was 739 with an average of 18 providers per class.

Table 7. SSA Sponsored Professional Development

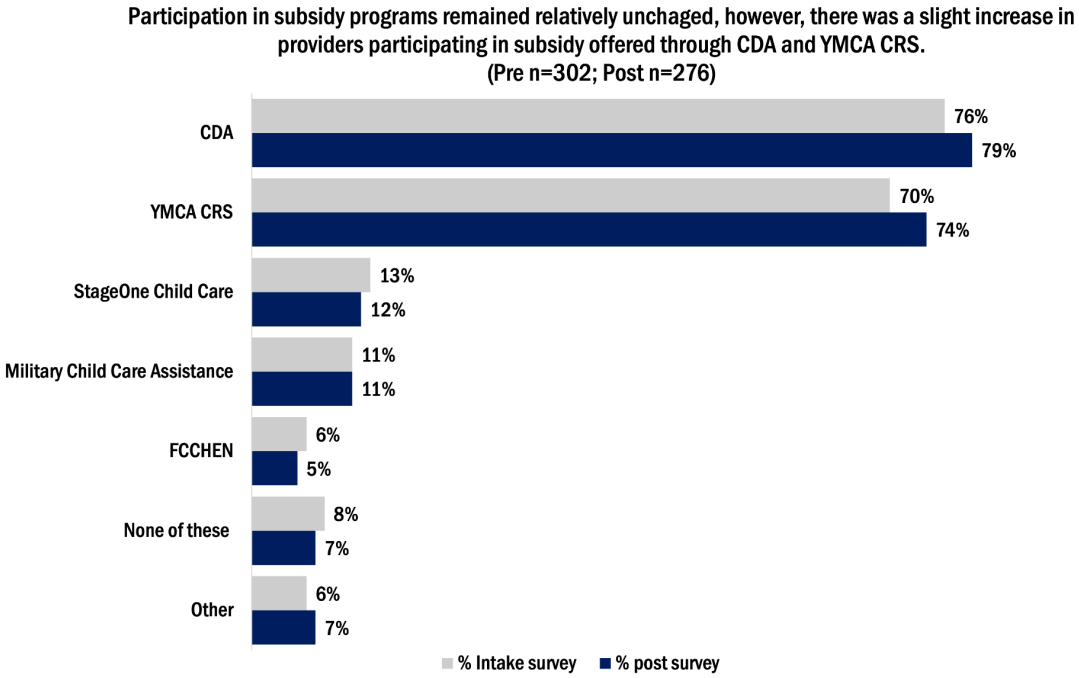
Partner Organization	Number of Trainings Hosted	Language	Attendance
CDA	2	Spanish/English	41
HOA	18	Somali/English	205
IRC	6	Arabic/English	165
YMCA CRS	15	Spanish/English	328
Total	41	4 languages	739

Expanded Access to Grants and Public Subsidies

Public Subsidy Participation

Most SSA providers entered the program with some level of engagement in public subsidy programs, though participation varies across funding sources. Figure 6 shows that the highest participation rates at both intake and post-survey were in CDA and YMCA CRS, while a smaller proportion of providers reported participation in other programs. Eight percent (8%) of providers report not participating in any subsidy program at intake and 7% at post-survey.

Figure 6. Participation in Subsidy Programs



Access to Grants and Stipends

Providers self-reported the grants and stipends they applied for and were awarded during the program period. Only 34 providers reported successfully securing external grant and/or stipend funding, for a total award amount of **$87,557** (Table 8).

Table 8. Grants and stipends awarded (n=34)

Total awarded	$87,557
Mean award	$2,575
Median award	$1,650
Minimum	$94
Maximum	$23,800

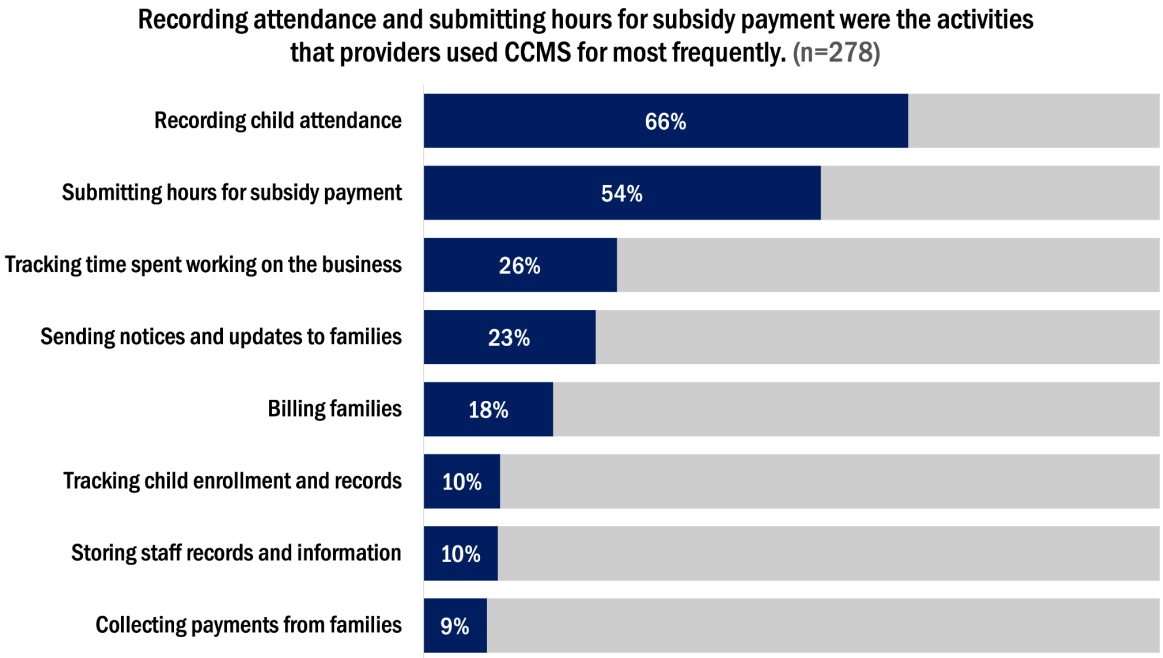
Coaches and cultural navigators reported grants in the goal completion log; however, there was little to no alignment with the providers' self-reported data. Although the data could not be directly aligned, the goal completion log did provide information about the sources of some external funding. Coaches and cultural navigators reported the following funding sources: San Diego Foundation Early Childhood Grant administered through IRC, the SDQPI educational reimbursement stipend, the Verizon Digital Ready Grant, IRC's small business loan program, and IRC's credit-building loan program.

Enhanced Business Operations, Infrastructure, and Technology

CCMS usage increased during the program period. At intake, 73% of members reported using one or more CCMS systems. By the end of the program, this percentage increased to 88%. However, as intake data indicates that most providers are not leveraging the full functionality or automation power of these systems. As shown in Figure 7, feature usage among CCMS users remains concentrated on a small number of functions, such as recording child attendance (66%) and submitting hours for subsidy payments (57%). Far fewer providers report CCMS tools for other business management activities such as enrollment tracking, family billing, payment collection, time tracking, or staff record management.

There are several opportunities for targeted support through the SSA. For providers not currently using a CCMS, targeted onboarding support and basic adoption information could be helpful. For existing CCMS users, targeted training or small-group sessions to deepen use of available features to support enrollment management and automated fee collection could help providers realize the operational efficiencies these systems offer.

Figure 7. CCMS Feature Usage



Individualized Business Improvement Plans

All San Diego SSA providers completed a Business Improvement Plan (BIP) that outlined at least one goal designed to improve the provider's business performance and sustainability. The coaches and cultural navigators used the provider's intake and self-assessment data to establish

individualized goals in the BIPs. To complete the goals, providers may receive any of the following support services: 1:1 coaching, group coaching, SSA-sponsored training, follow-up training support, technical assistance, and warm-line support, including phone calls or emails with child care resources. In addition, each provider can receive a free subscription to the child care management system (CCMS), CareConnect.

After BIPs were established for all of the providers, coaches and cultural navigators began documenting the provider's progress and submitted completed goals using a Goal Completion Log to record goal focus area, provider supports used to complete the goal and goal tier level. As of June 3, 2026, **374 goals** have been completed (Figure 9) and on average it took each provider almost 5 months to complete a goal. One of the strengths of the San Diego SSA is its use of coaches and cultural navigators who deliver support to providers in their primary language. As a result, 82% of providers received assistance in a language other than English (Figure 8).

Figure 8. Primary Language Used to Support Provider

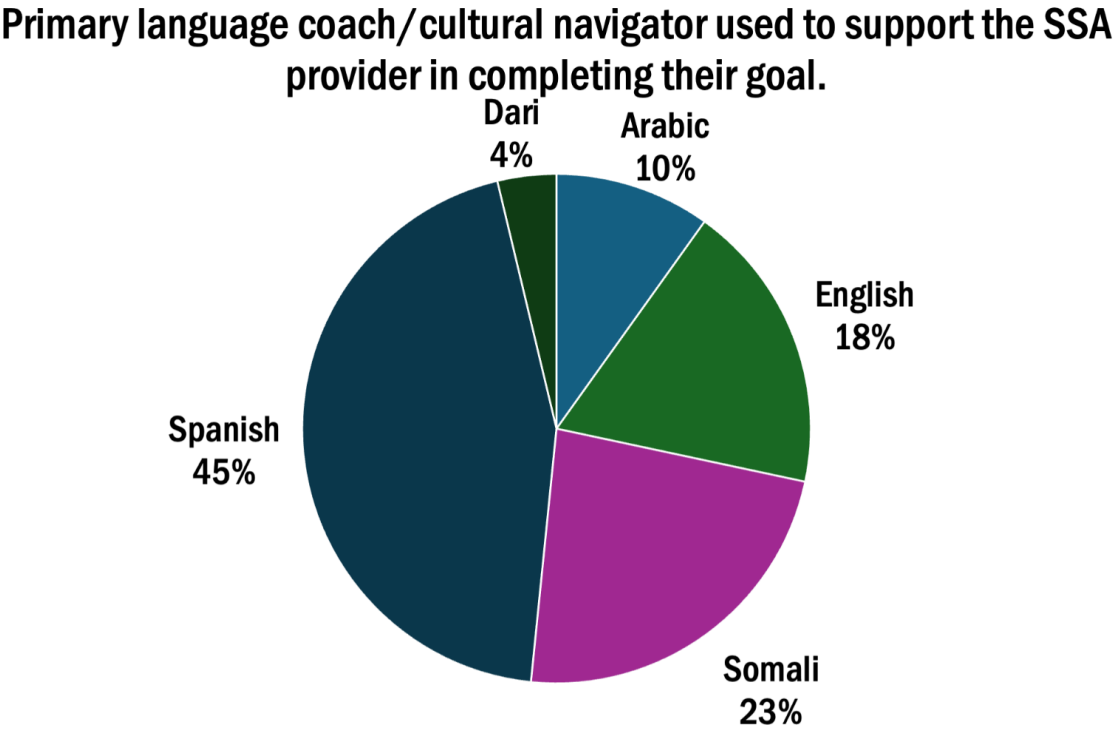
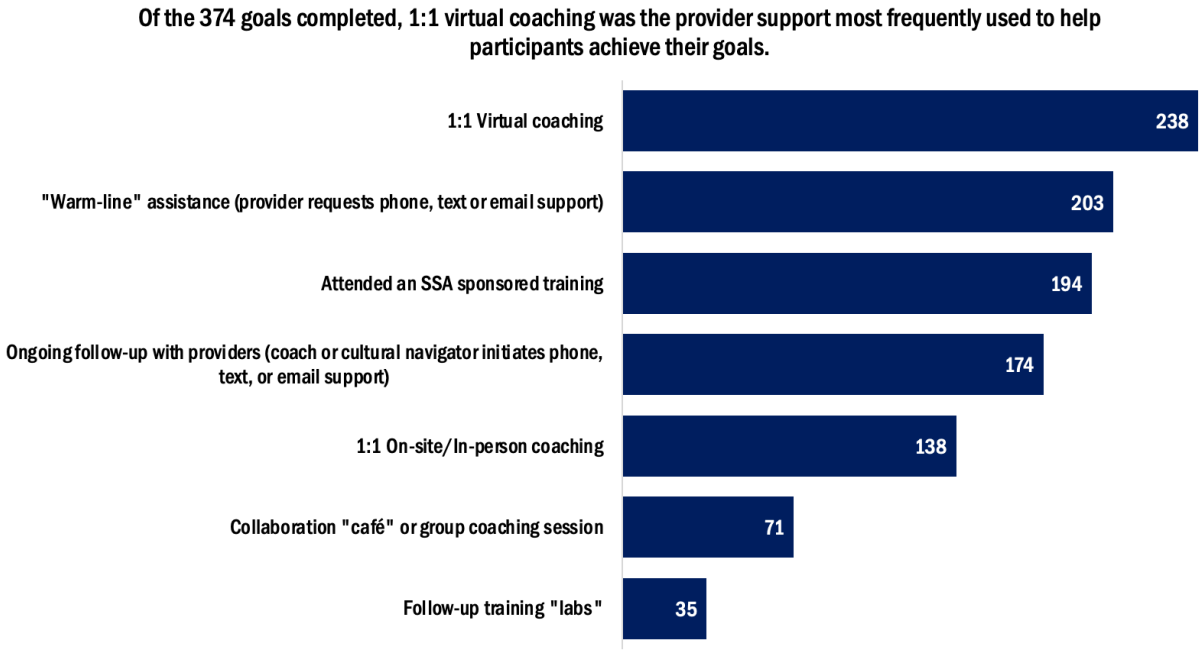


Figure 9. Provider Supports for Goals Completed



The balanced distribution of goals among each tier level is in line with the model's original intent Table 9). Data submitted through goal completion reports revealed that 44% of completed goals (n=165) were supported by tier 1 (light-touch) levels of service, 25% (n=95) were supported by tier 2 (moderate) levels of service, and 30% (n=114) were supported by tier 3 (high-touch) levels of service (Table 10).

Table 9. Number of Goals Completed by Tier

Tier Level	Description	Number of Goals Completed
1 Light touch	Training, ongoing follow-up with providers (coach or cultural navigator initiates phone, text, or email support), warm-line support (provider requests phone, text, or email support)	165
2 Moderate	Tier 1 services plus: follow-up labs, collaboration cafes & group coaching	95
3 High touch	Tier 1 & Tier 2 services plus: multiple 1:1 in-person, onsite, or virtual coaching	114

Table 10. Number of Goals Completed by Tier and Partner Organization

Tier Level	CDA n=50	CF n=50	HOA n=50	IRC n=50	YMCA CRS n=100
1 Light touch	12	3	55	32	63

2 Moderate	29	3	34	16	13
3 High touch	13	67	3	4	27

Coaches and cultural navigators were asked to report the types of provider support used to help complete the goal, however this is not a reflection of the total number of provider supports used. Overall, one-on-one coaching was the primary service delivery approach (Figure 9). There were 376 instances of 1:1 coaching and 63% of these sessions took place virtually. In Table 11, provider supports are presented by partner organization and highlight the different approaches to goal completion. One distinction in the data shows that HOA had a higher percentage (65%) of coaching sessions that took place in-person or on-site, and only 16 warm-line assistance supports were reported. This is consistent with the evaluator's understanding of the dynamics of the Somali community served at HOA. HOA has fostered an open-door policy and it has been reported that providers and community members often stop by the HOA office for assistance.

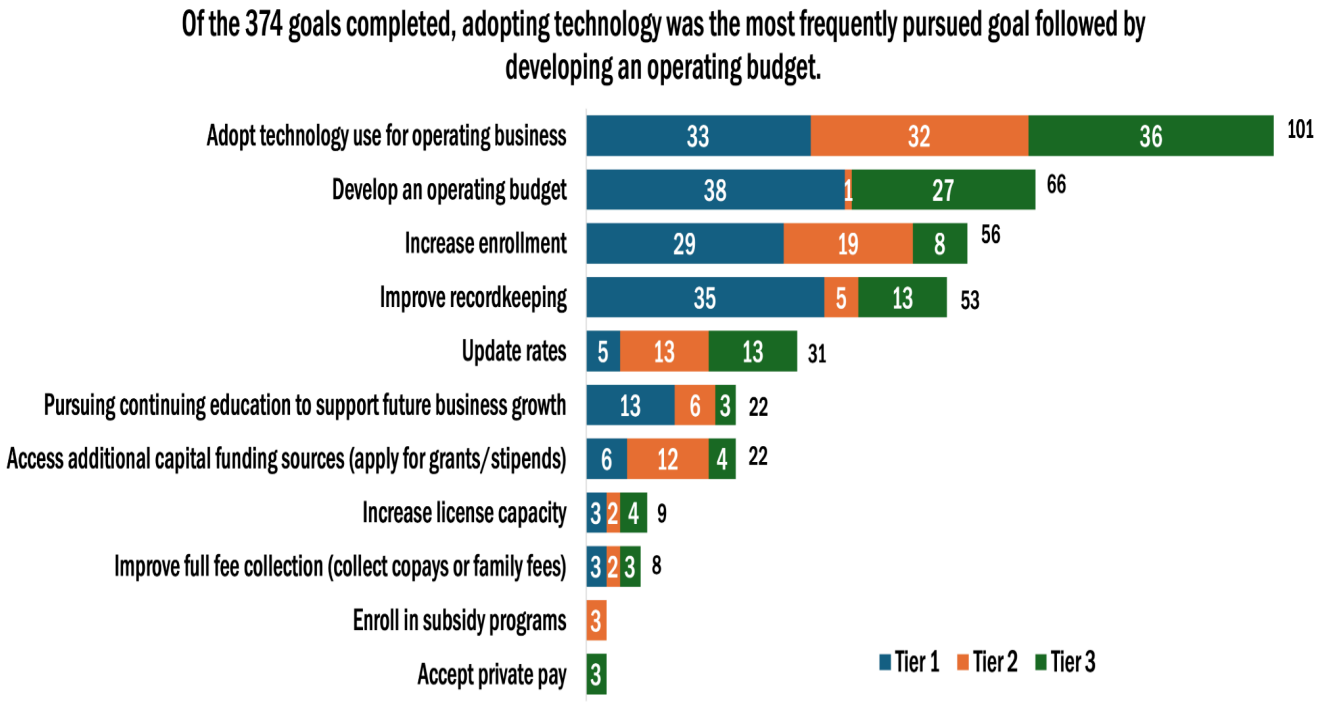
Table 11. Number of Provider Supports Used for Goal Completion by Partner Organization

Provider Supports	CDA n=50	CF n=50	HOA n=50	IRC n=50	YMCA CRS n=100
"Warm-line" assistance (provider requests phone, text or email support)	49	2	16	50	86
Ongoing follow-up with providers (coach or cultural navigator initiates phone, text, or email support)	48	4	34	41	47
Collaboration "café" or group coaching session	23	16	8	9	15
Attended an SSA sponsored training	34	4	58	40	58
Follow-up training "labs"	3	0	4	10	18
1:1 Virtual coaching	41	45	29	51	72
1:1 On-site/In-person coaching	16	20	55	9	38
Total Provider Supports	**214**	**91**	**204**	**210**	**334**

Adopting technology and developing an operating budget were the most frequently pursued goals (Figure 10). This aligns with providers' demonstrated need captured in the self-assessment results at intake, as 27% of members report that they do not use a CCMS and 72% report that they do not have an operating budget.

Figure 10 also breaks down the tiered level of support needed for each goal focus area. Results revealed that the level of tiered support was not determined by goal focus area and is more likely due to the individualized needs of the provider. For example, of the 101 providers that adopted technology for business operation, 33 providers completed this goal with tier 1 level support, 32 providers completed this goal with tier 2 level support, and 36 providers completed this goal with tier 3 level support. Table 10 also reports tiered level support by partner organization. Chicano Federation reported that 92% of the goals completed required a tier 3 level of support, whereas Horn of Africa and IRC reported that very few of the goals completed required a tier 3 level of support (3% and 7%, respectively).

Figure 10. Goal Completion by Focus Area and tier level of support



Goal focus areas by partner organization are reported in Table 12 and are aligned with the training topics reported in Appendix A. In an effort to provide quality coaching and effectively manage the larger caseload in Year 3, partner organizations set up training sessions and group coaching sessions based on providers who share the same SSA goal. For example, HOA reported 23 goals were completed to improve recordkeeping and 23 providers attended HOA's training session on recordkeeping. Also, 20 IRC providers were interested in adopting technology use for operating their business and in response, IRC held three digital literacy training sessions. This approach allowed coaches and cultural navigators to deliver targeted support to multiple providers simultaneously.

Table 12. Number of Goals Completed by Organization and Focus Area

Goal Focus Area	CDA n=50	CF n=50	HOA n=50	IRC n=50	YMCA CRS n=100
Adopt technology use for operating business	12	22	12	20	35
Develop an operating budget	1	25	27	6	7
Increase enrollment	25	1	4	15	11
Improve recordkeeping	5	5	23	4	16
Update rates	6	11	10	1	3
Pursuing continuing education to support future business growth	3	3	1	0	15
Access additional capital funding sources (apply for grants/stipends)	1	0	11	5	5
Increase license capacity	1	2	1	1	4
Improve full fee collection (collect copays or family fees)	0	1	0	0	7
Enroll in subsidy programs	0	0	3	0	0
Accept private pay	0	3	0	0	0
Total Goals Completed	**54**	**73**	**92**	**52**	**103**

Increased Enrollment and Service Capacity

An important finding that informed partner organizations' business-related supports was that increasing license capacity and enrollment ranked among the top three program expectations of SSA providers at intake (Figure 2). Baseline data in the formative report showed that 28% of providers expressed a desire to expand their licensed capacity. By the end of the program year, nine providers had successfully increased their licensed capacity by transitioning from a small to a large FCC license. Although this represents meaningful progress for those providers, expanding licensed capacity is a lengthy process that is often difficult to complete within a single program year. Increasing capacity typically requires approval from the licensing agency, additional inspections, and, in some cases, modifications to the home environment or relocation to a larger space, as well as hiring additional staff to meet required child-to-provider ratios. The fact that several providers completed this process within the evaluation period is encouraging. Continued evaluation will help determine whether increased licensed capacity leads to higher enrollment over time.

At intake, 87% of providers reported having available openings to enroll additional children. At the end of the program year, 85% of providers continued to report openings, indicating that many providers were operating below their licensed capacity throughout the evaluation period. This finding likely reflects broader shifts in the child care market rather than provider performance alone. As more families enroll in California's relatively new universal transitional kindergarten program for four-year olds, available at no cost to parents through the public school system, and as access to publicly-funded afterschool care on campuses has expanded through the Expanded Learning Opportunities Program, family child care providers are adapting to changing patterns of demand. The long-term effects of these shifts are still emerging, and additional time will be needed to understand how providers adjust their business models and enrollment strategies in response.

FCCs

FCC providers made limited progress increasing enrollment during the program period. At the start of the program, 95% (n=302) of FCC providers had children enrolled in their child care. Forty-five percent of the children enrolled are school-age (ages 6-13), 35% are preschoolers (ages 2-5), and 20% are infants (Table 13). The percentage of children enrolled by each age group generally reflects the ratios required by community care licensing.

Table 13. Number of Children Enrolled by Age Category and Partner at Intake (FCCs)

Age Category PT=Part-time FT=Full-time	Chicano Federation (n=50)	CDA (n=48)	Horn of Africa (n=52)	IRC (n=50)	YMCA CRS (n=100)	Total
PT Infants	16	8	7	15	37	83
FT Infants	77	86	11	29	167	370
PT Preschoolers	45	13	17	35	86	196
FT Preschoolers	126	123	34	59	253	595
PT School-age	84	111	99	146	132	572
FT School-age	12	45	164	144	77	442
Total Number of Children Enrolled	360	386	332	428	752	**2,258**

HOA and IRC providers enroll a smaller percentage of infants, 5% and 10%, respectively, compared to the overall infant enrollment rate of 20%. Instead, HOA and IRC enroll a higher percentage of school-age children, 79% and 68%, respectively, as compared to the overall school-age child enrollment of 45%. These trends may reflect the specific cultural communities

served by the partner organizations, and it may be informative for partners, from a market analysis perspective, to understand why fewer infants are being enrolled.

At the end of the program, 259 (88%) FCC providers responded to the request for post-program enrollment data. Ninety-seven percent of FCC providers had children enrolled in their child care and of those, 43% of the children enrolled are school-age (ages 6-13), 37% are preschoolers (ages 2-5), and 20% are infants (Table 14).

Table 14. Number of Children Enrolled by Age Category and Partner at End of Program (FCCs)

Age Category PT=Part-time FT=Full-time	Chicano Federation (n=46)	CDA (n=42)	Horn of Africa (n=50)	IRC (n=44)	YMCA CRS (n=77)	Total
PT Infants	18	9	6	15	24	72
FT Infants	92	59	115	32	139	337
PT Preschoolers	66	28	14	48	55	211
FT Preschoolers	106	141	35	43	236	561
PT School-age	62	89	76	132	115	474
FT School-age	32	49	167	136	41	425
Total Number of Children Enrolled	376	375	313	406	610	**2080**

To allow for a pre-post comparison of enrollment data from intake until the end of the program, a new sample was created to include only those providers that submitted both intake and end of program enrollment. Results showed that during the program period, 77% (n=259) of FCC providers increased or sustained their enrollment and total enrollment increased by 141 children, a 7.2% average increase (Table 15, Figure 11). Of the new children that were enrolled during the program period, 86% (n=121) were preschool age (ages 2-5) (Figure 12).

Table 15. Pre-Post Comparison: Number of Children Enrolled by Age Category and Partner in FCCs.

Family Child Care (n=259)	Infants		Preschoolers		School Age	
	Intake	End of Program	Intake	End of Program	Intake	End of Program
Chicano Federation (n=46)	87	110	153	172	96	94
CDA (n=42)	83	68	127	169	137	138
Horn of Africa (n=50)	18	21	49	49	259	243
IRC (n=44)	40	47	78	91	257	268
YMCA CRS (n=77)	153	163	244	291	158	156
Grand Total	**381**	**409**	**651**	**772**	**907**	**899**

Figure 11. FCC Enrollment by Partner Organization

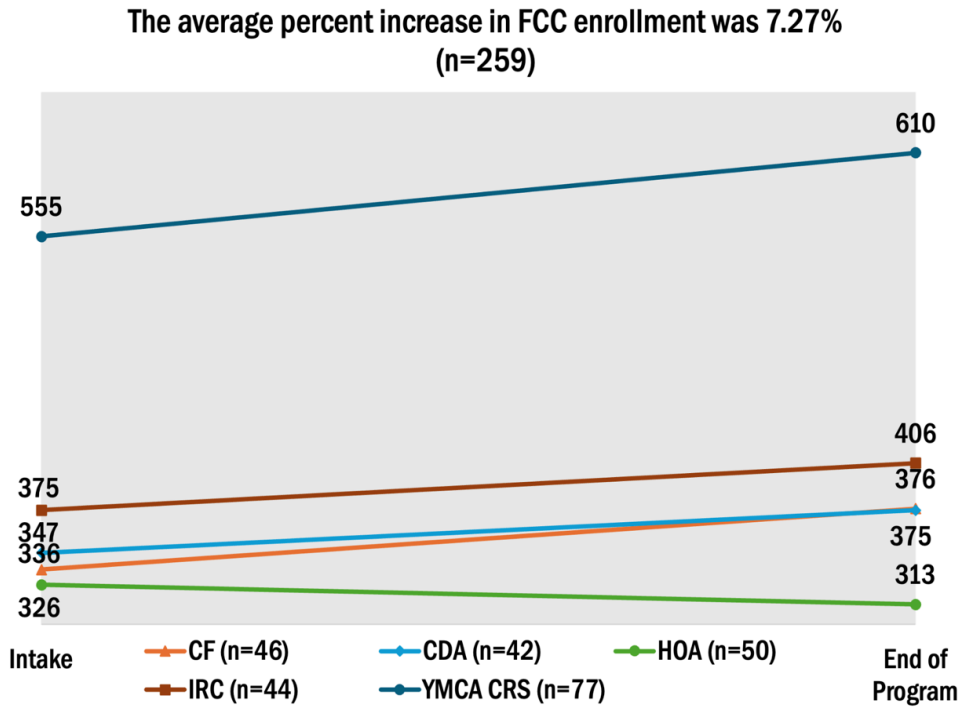
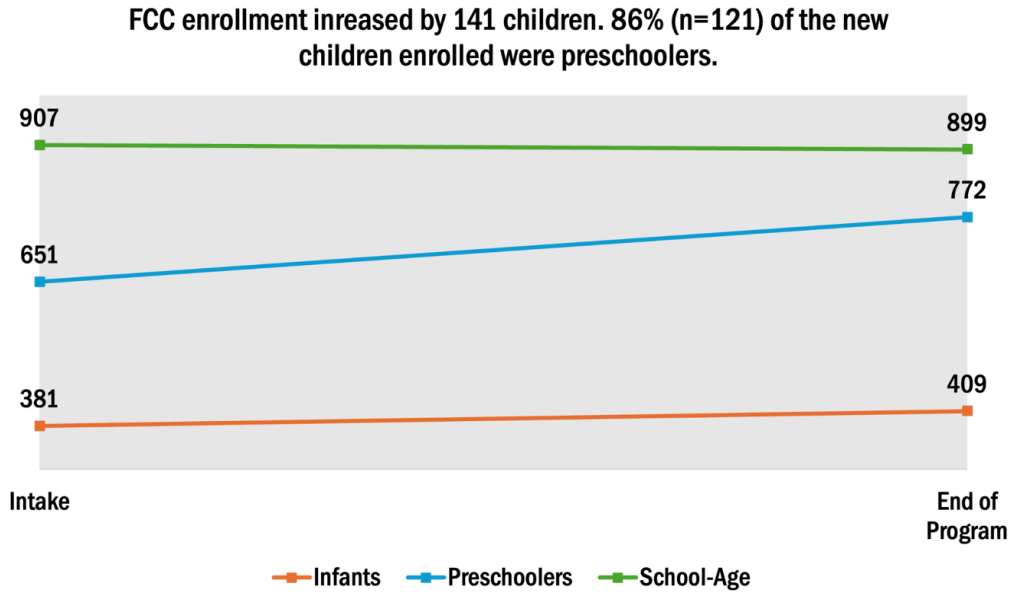


Figure 12. FCC Enrollment by Age Category



Center-based Providers

Center-based providers made strong progress in increasing enrollment, with gains observed across all age groups. At intake, all six center-based providers had children enrolled in their child care and of those, 95% of the children enrolled were preschoolers (ages 2-5) and 5% were infants. No school-age children (ages 6-13) were enrolled in the centers at intake (Table 16).

Table 16. Number of Children Enrolled by Age Category and Partner at Intake (Centers)

Age Category PT=Part-time; FT=Full-time	Center-based Providers (n=6)
PT Infants	0
FT Infants	7
PT Preschoolers	6
FT Preschoolers	117
PT School-age	0
FT School-age	0

Total Number of Children Enrolled	130

Five of the six center-based providers responded to the request for post-program enrollment data. At the end of the program, all five center-based providers have children enrolled in their child care and of those, 73% of the children enrolled are preschoolers (ages 2-5), 10% are infants and 17% are school-age (ages 6-13) (Table 17).

Table 17. Number of Children Enrolled by Age Category and Partner at End of Program (Centers)

Age Category PT=Part-time; FT=Full-time	Center-based Providers (n=5)
PT Infants	1
FT Infants	21
PT Preschoolers	20
FT Preschoolers	134
PT School-age	35
FT School-age	0
Total Number of Children Enrolled	211

To allow for a pre-post comparison of enrollment data from intake until the end of the program, a new sample was created to include only those providers that submitted both intake and end of program enrollment (n=5; Table 18).

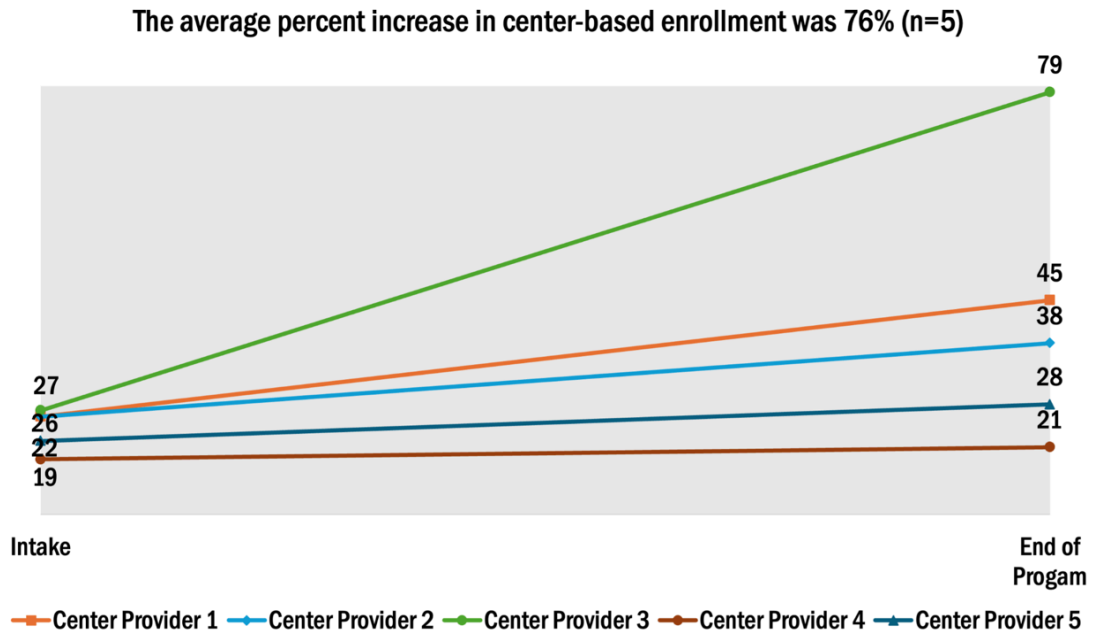
Table 18. Pre-Post Comparison: Number of Children Enrolled by Age Category and Partner in Centers

Center-based Providers	Infants		Preschoolers		School Age	
	Intake	End of Program	Intake	End of Program	Intake	End of Program
Center-based Provider 1	0	0	26	45	0	0
Center-based Provider 2	0	6	26	26	0	6

Center-based Provider 3	0	9	27	41	0	29
Center-based Provider 4	7	7	12	14	0	0
Center-based Provider 5	0	0	22	28	0	0
Total	**7**	**22**	**113**	**154**	**0**	**35**

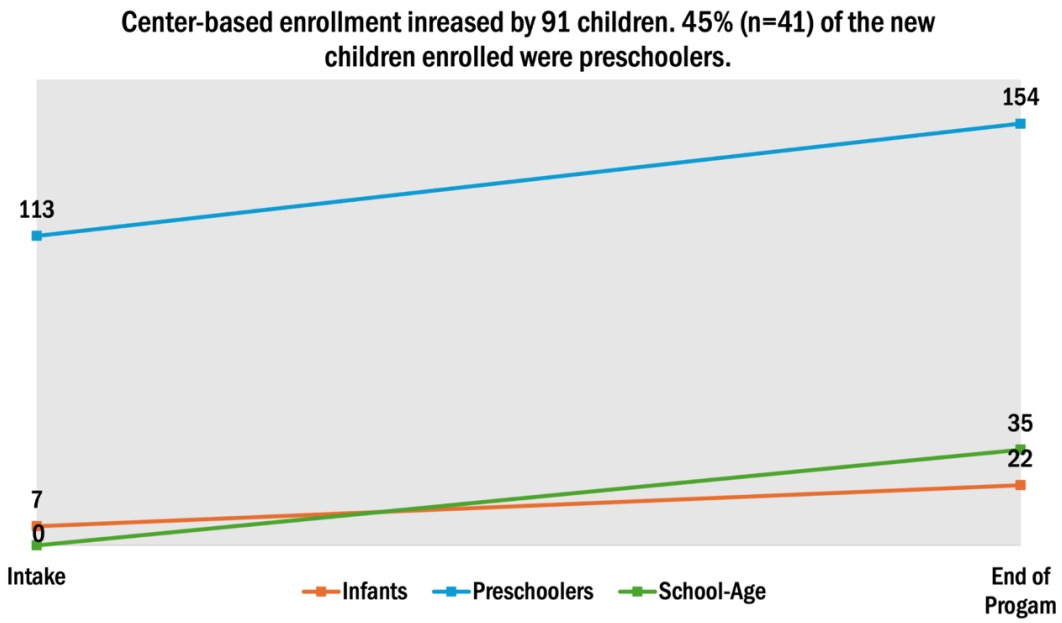
During the program period, all five center-based providers increased enrollment, and the average increase was 76% (Figure 13).

Figure 13. Enrollment for Each Center-based Provider



Total center-based enrollment increased by 91 children and of those, 41 (45%) are preschool age, 15 (16%) are infants and 35 (39%) are school-age children (Figure 14).

Figure 14. Enrollment for Center-based Providers by Age Category



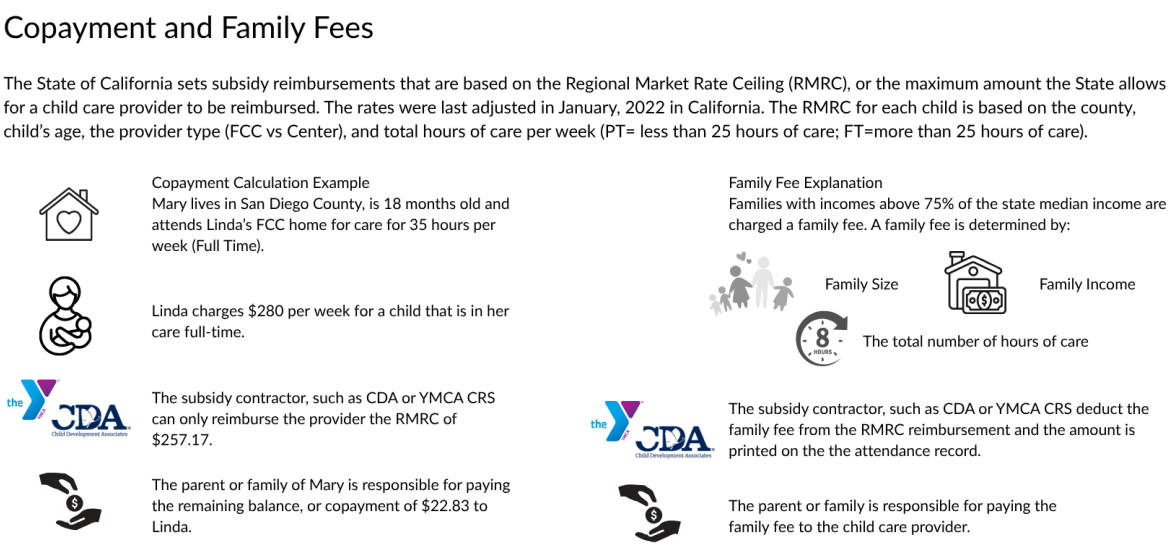
Higher Fee Collection & Increased Overall Revenue

Provider Rates and Subsidy Reimbursement

Providers receive payment for children enrolled in their child care program through government-funded subsidies for the families that qualify based on income, or by families that can pay privately. Less than half, 41% of providers, report that they receive private pay for at least one child in their program. The other 59% of providers rely completely on families that receive government-funded subsidies.

Providers receive the subsidy reimbursement for each child from organizations contracted through the State and are responsible for collecting family fees if it applies. Providers must also set their own tuition rates and charge copayments if their full tuition rate is not fully reimbursed by the subsidy. Figure 15 explains how subsidy reimbursement rates are distributed and how provider tuition rates, copayments and family fees are calculated and paid.

Figure 15: Description of subsidy reimbursement, copayments and family fees. Adapted from [CDA's explanation](cdasd.org) at cdasd.org.



At intake, only 25% of providers reported collecting a copayment, and 9% collected a family fee. By the end of the program, 31% of providers collect a copayment and 13% of the providers started collecting it after joining SSA (Figure 16). Also, 23% of providers collect a family fee and 14% started collecting it after joining SSA (Figure 17).

Figure 16. Copayment (A copayment is the difference between your rate and the maximum subsidy amount allowed.)

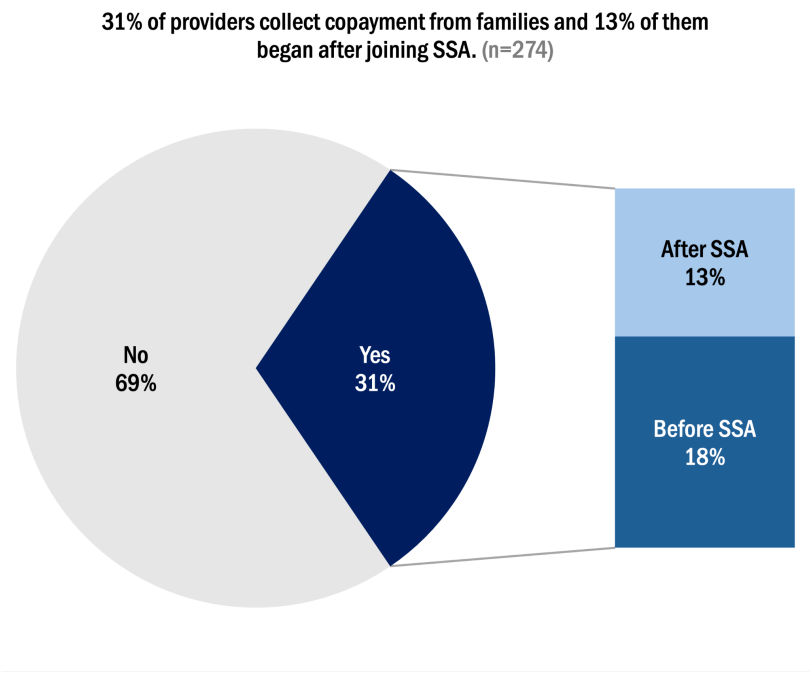
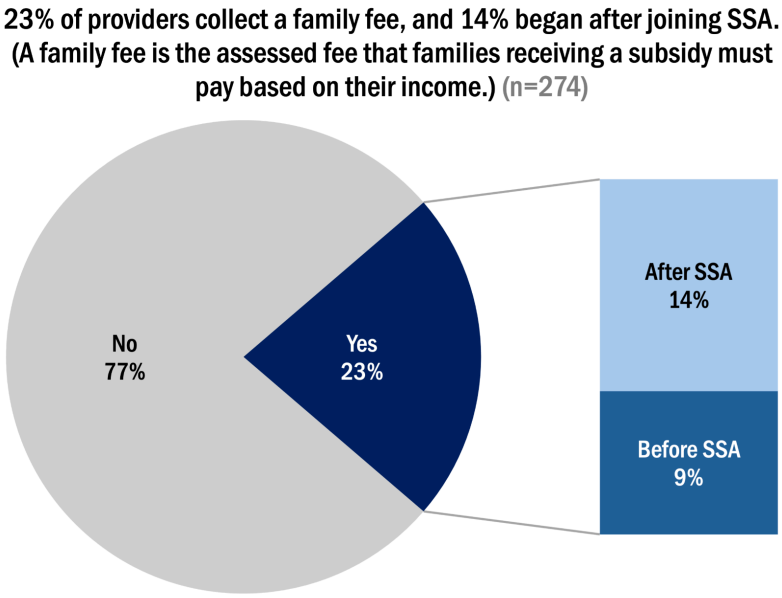


Figure 17. Family fee



The YMCA CRS and other partners, as applicable, shared provider rate data with evaluators to understand potential revenue sources at mid-program and again at the end of the program. From December 2025 through May 2026, 63 providers adjusted their rates. Of those providers, 71% (n = 45) increased all of their rates during the five-month period. These findings are consistent with provider-reported post-survey data, which indicate that 38% of providers increased their rates within the last three years, and of those, 15% reported doing so after joining the SSA (Figures 18 & 19).

Figure 18. Provider rate increases

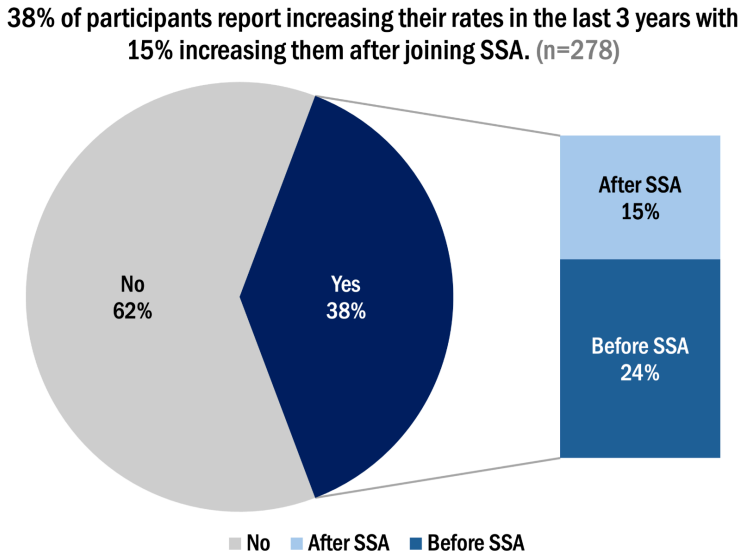
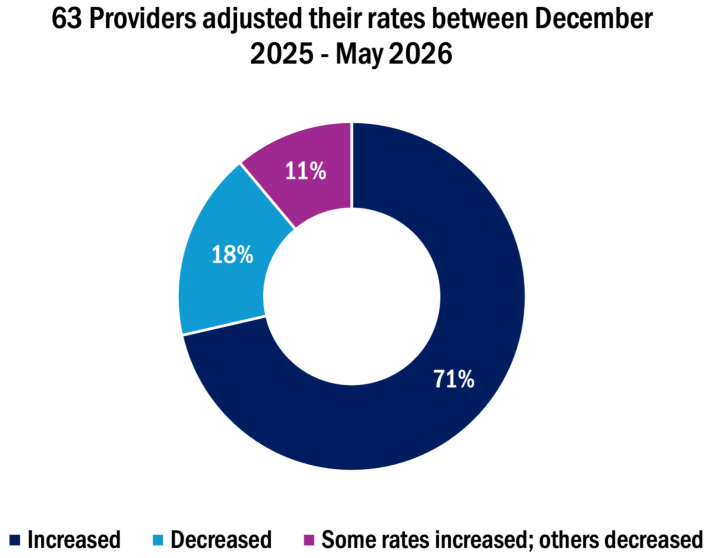


Figure 19. Provider rate increases: Mid-program to End of Program



Average FCC provider rates by partner organization at mid-program and end of program are presented in Table 19. FCC providers served by HOA and IRC report higher average rates than providers served by CF, CDA, and the YMCA CRS. There is an opportunity to understand the importance of setting rates that cover the cost of care while remaining competitive and feasible for families who are required to pay a family fee or a copay. Overall, the average rates for FCC providers increased or were sustained across each partner organization and age category.

Table 19. Average FCC Provider Child Care Rates: *Mid-program; *End of Program

Partner Organization FCC Rates	Average Part-time Infant Weekly Rate	Average Full-time Infant Weekly Rate	Average Part-time Preschoolers Rate (Weekly)	Average Full-time Preschoolers Weekly Rate	Average Part-time School Age Weekly Rate	Average Full-time School Age Weekly Rate
Chicano Federation	$257.14	$315.55	$233.15	$284.71	$215.84	$254.94
	$270.96	$329.14	$251.29	$293.04	$221.62	$266.37
CDA	$259.48	$306.49	$238.47	$282.49	$208.29	$247.43
	$271.83	$318.25	$251.91	$293.46	$228.77	$264.61
Horn of Africa	$461.82	$535.81	$383.86	$429.04	$315.68	$363.06
	$476.47	$545.00	$392.19	$444.12	$331.92	$378.84
IRC	$328.57	$434.01	$297.17	$383.08	$267.28	$345.67
	$356.64	$452.87	$322.17	$400.58	$290.30	$361.30
YMCA CRS	$272.43	$326.03	$248.68	$297.19	$214.72	$260.72
	$272.73	$331.43	$251.97	$304.46	$222.92	$267.98
* Provider rate date for Centers (n=5) was incomplete at mid-program and at the end of the program. Average rates were only calculated with the rates reported at the end of the program.						
Center	$302.50	$377.50	$240.75	$298.18	$150.00	$260.00
	n=2	n=2	n=5	n=5	n=1	n=1

Table 20 presents the average increase in FCC provider rates from mid-program to the end of the program by age category. Across age categories, providers increased part-time rates by an average of $17 per week and full-time rates by an average of $10 to $12 per week.

Table 20. Average Increase in FCC Provider Child Care Rates

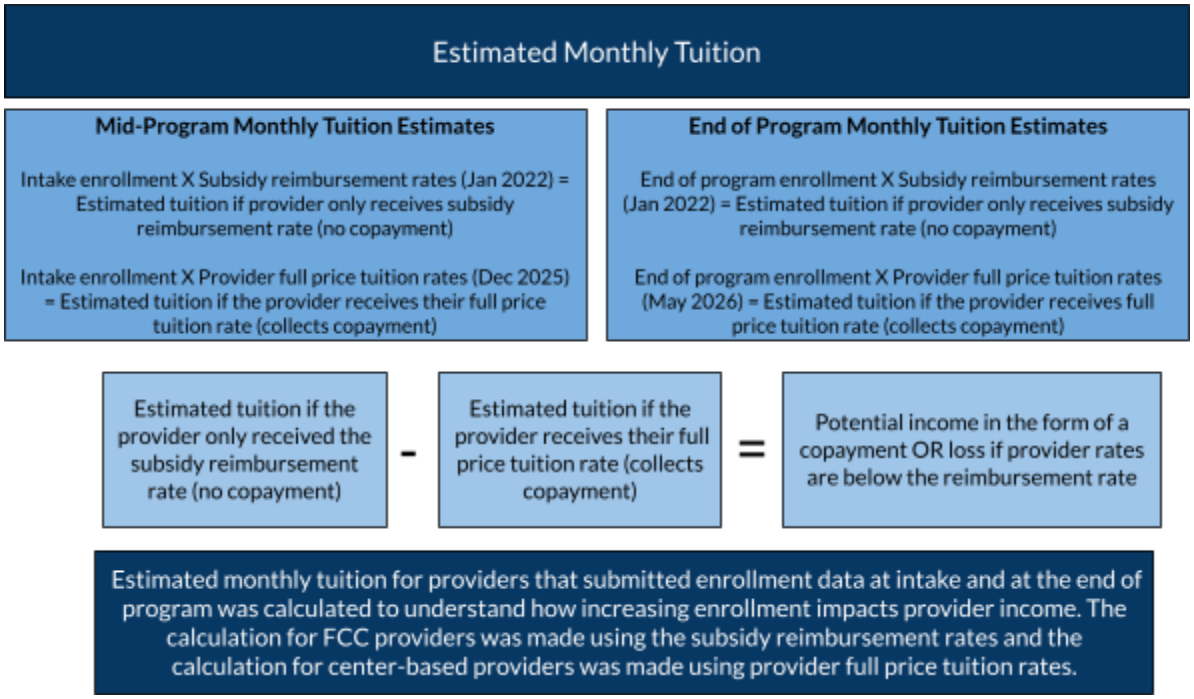
FCC Rates	Average Part-time Infant Weekly Rate	Average Full-time Infant Weekly Rate	Average Part-time Preschoolers Rate (Weekly)	Average Full-time Preschoolers Weekly Rate	Average Part-time School Age Weekly Rate	Average Full-time School Age Weekly Rate
Average increase from mid-program to end of program	$17.04	$10.03	$17.56	$10.52	$17.38	$12.07

Average center-based rates by age category were also reported in Table 19. Center-based provider rate data was incomplete and only one provider reported rates at the end of the program for all age categories. However, all five providers reported mid-program and end of program rates for full-time preschoolers and two of the five center-based providers decreased their full-time preschool rates.

Estimated Monthly Tuition Income

Monthly tuition income was estimated at two points in time, at mid-program and at the end of the program. For each time period, an estimate was calculated using the San Diego County child care subsidy reimbursement rates and a second estimate was calculated using provider tuition rate information submitted to subsidy contractors. Only those providers that submitted their provider tuition rates for the age category of children enrolled in their program were used in both calculations so comparisons between estimated tuition income based on provider rates can be equally compared to the estimated tuition if the provider only received the reimbursement rate. See Figure 20 for details.

Figure 20. Estimated Monthly Tuition



The average monthly tuition income estimates for mid-program is presented in Table 21 and the end of program estimates are presented in Table 22. Both tables are further disaggregated by partner organization and compare the monthly tuition if providers received only the subsidy reimbursement rate for enrolled children and the monthly tuition if providers received their payment for their established rates as reported to the subsidy contractors. The difference between these two average estimates represents potential revenue for providers at each point in time (mid-program and end of program), and assumes the provider rates are affordable for families

responsible for a copay or family fee and assumes providers consistently collect all copayments and family fees.

Table 21. Estimated Monthly Tuition: Mid-Program

Partner Organization FCC Estimated Tuition (n=251)	Average Estimated Monthly Tuition Using SD County Reimbursement Rates	Average Estimated Monthly Tuition Using Provider Rates	(Provider Rate Estimated Tuition) - (Reimbursement Rate Estimated Tuition = Additional Potential Provider Income
Chicano Federation	$ 6,535.11	$ 8,346.14	$ 1,811.03
CDA	$ 7,201.12	$ 9,083.60	$ 1,882.48
HOA	$ 5,097.54	$ 10,072.75	$ 4,975.21
IRC	$ 6,611.08	$ 11,955.89	$ 5,344.81
YMCA CRS	$ 7,028.41	$ 8,872.35	$ 1,843.94
All SSA FCC Providers	$ 6,551.81	$ 9,595.17	$ 3,043.36
Center (n=6)	$ 26,309.06	$ 25,889.67	$ (419.39)

Table 22. Estimated Monthly Tuition: End of Program

Partner Organization FCC Estimated Tuition (n=232)	Average Estimated Monthly Tuition Using SD County Reimbursement Rates	Average Estimated Monthly Tuition Using Provider Rates	(Provider Rate Estimated Tuition) - (Reimbursement Rate Estimated Tuition = Additional Potential Provider Income
Chicano Federation	$ 7,138.21	$ 9,178.01	$ 2,039.80
CDA	$ 7,217.25	$ 9,418.16	$ 2,200.91
HOA	$ 5,376.59	$ 10,938.48	$ 5,561.89
IRC	$ 6,881.39	$ 12,883.39	$ 6,002.00
YMCA CRS	$ 6,914.78	$ 8,800.99	$ 1,886.21
All SSA FCC Providers	$ 6,725.57	$ 10,053.16	$ 3,327.59
Center (n=5)	$ 46,822.86	$ 42,594.14	$ (4,228.72)

The potential additional monthly revenue for FCC providers ranged from $1,811 to $5,344 at mid-program and from $1,886 to $6,002 at program completion. For providers who already collect copayments and family fees, this additional revenue is not merely potential income but actual tuition revenue. However, post-survey results indicate that only 31% of providers collect copayments and 23% collect family fees. When this data was aggregated by partner organization, it showed that HOA does not have any providers that collect a copayment or family fee and IRC

only has one provider that collects a copayment and two providers that collect a family fee. Many providers may not be realizing the full revenue associated with their established rates.

Providers whose rates substantially exceed reimbursement rates may find it difficult to collect the full amount from families, particularly those with limited financial resources. For example, the additional potential income for HOA and IRC providers is well above the overall average because their average provider rates are high. Families likely can not pay the difference and perhaps this explains why very few of their providers collect copayments or family fees. If the providers reduced their rates to amounts that are modestly above the reimbursement rates, they could potentially charge fees that families could contribute. These findings highlight the importance of helping providers understand the gap between reimbursement rates and their actual tuition rates and develop clear fee collection policies. Strengthening these practices may enable providers to capture a greater share of their potential revenue while balancing the affordability needs of families.

The potential for additional monthly revenue among center-based providers was calculated at both mid-program and program completion. Results show that, on average, center-based providers charge monthly tuition rates that are lower than reimbursement-rate tuition levels. At mid-program, providers' average monthly tuition revenue was $419.39 less than it would have been if provider rates matched the reimbursement rates. By the end of the program, this difference had increased to $4,228.72 per month. The loss of income is due to the 76% average increase in enrollment. More children enrolled at a rate lower than the reimbursement rate equates to a higher loss in potential revenue. Also, two providers decreased their rates, further widening the margin. These findings may reflect the need for center-based providers to remain competitive in the private-pay market while serving families with varying levels of ability to pay. In addition, many families do not qualify for child care subsidies and may face challenges affording higher tuition costs.

Table 23 presents the average monthly estimated tuition income at intake and at the end of the program. Only those providers that submitted their enrollment data at intake and at the end of the program are included in this sample (FCC - n=258; Center - n=5). Monthly tuition for FCC providers was calculated for each provider using reported enrollment and the San Diego County subsidy reimbursement rates. Individual provider rate data was not used because the rate data was incomplete and would have further reduced the sample. Additionally, provider rate data would have inflated the monthly tuition because a small percentage of providers collect their full rates through copayments and family fees. On average, using the reimbursement rates, FCC provider monthly tuition income increased by $440.81 from intake until the end of the program.

Table 23. Estimated Monthly Tuition: Comparing Intake to End of program

FCC Estimated Monthly Tuition Using SD County Reimbursement Rates* *Reimbursement rates were used because a low percentage of providers collect their full rate (n=258)	Intake	End of Program	Monthly Gain/Loss
Chicano Federation	$6,049.54	$6,840.12	$790.58
CDA	$6,815.89	$7,351.53	$535.64
HOA	$4,644.90	$4,562.65	-$82.25
IRC	$6,428.86	$6,993.57	$564.71
YMCA CRS	$6,227.45	$6,679.51	$452.06
All SSA FCC Providers	$6,017.62	$6,458.43	$440.81
Center Estimated Monthly Tuition Using Provider Rates** ** Provider rates were used because multiple center-based providers charge rates lower than the reimbursement level (n=5)**	**Intake**	**End of Program**	**Monthly Gain/Loss**
Center	$28,667.69	$42,594.14	$13,926.45

Monthly tuition for Center-based providers was calculated for each provider using reported enrollment and the provider's rate rather than the reimbursement rate. Reimbursement rates were not used because the tuition would have been inflated since a number of center-based providers have rates lower than the reimbursement rate. On average, center-based provider monthly tuition income increased by $13,926.45 from intake until the end of the program.

Providers self-reported their overall income category at intake as presented in Table 24. Results indicate that between 2024 and 2025, the income distribution shifted modestly upward, with providers increasingly clustering in the $50,000–$74,999 range while the $25,000–$49,999 group shrank, and the highest and lowest extremes held roughly steady.

Table 24. Self-reported child care business income levels

Child Care Tuition Income (self reported)	2024		2025	
	n	%	n	%
$0 - $9,999	47	15%	32	12%
$10,000 - $24,999	34	11%	40	15%
$25,000 - $49,999	65	21%	42	15%
$50,000 - $74,999	63	20%	69	25%
$75,000 - $99,999	51	17%	45	16%
$100,000 - $149,999	31	10%	30	11%
$150,000+	17	6%	17	6%

Although 66-68% of providers are satisfied with their income at intake and post survey (Figure 22), 27% report earning $24,999 or less, and 42% earning $49,999 or less. The base of the provider's income is through tuition and fees; however, providers can also support their overall income by managing bad debt, applying for additional capital offered through grants and stipends, and joining reimbursement programs such as the Child and Adult Care Food Program (CACFP). Only 5% of providers reported bad debt, or tuition payment owed, that is more than 30 days past due. Providers are encouraged to participate in grants, stipends, or reimbursement programs, and available resources when needed.

Figure 21. Bad Debt (Tuition payments over 30 days past due)

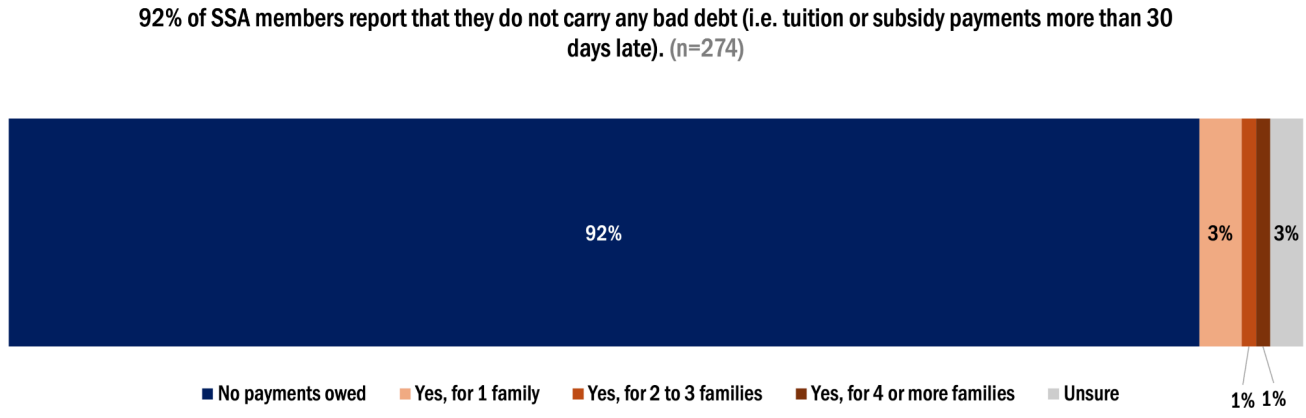


Figure 22. Revenue Satisfaction

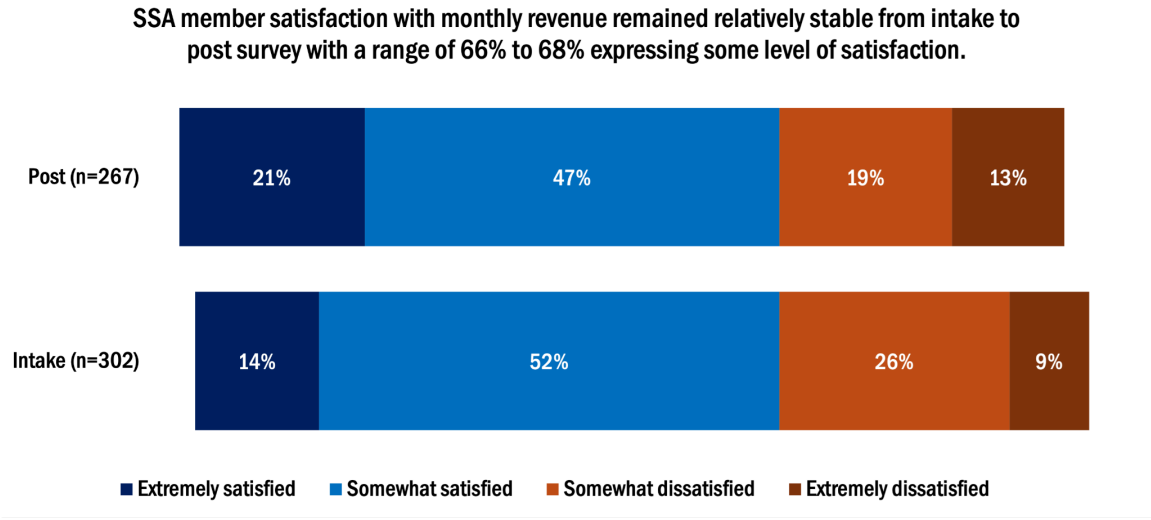


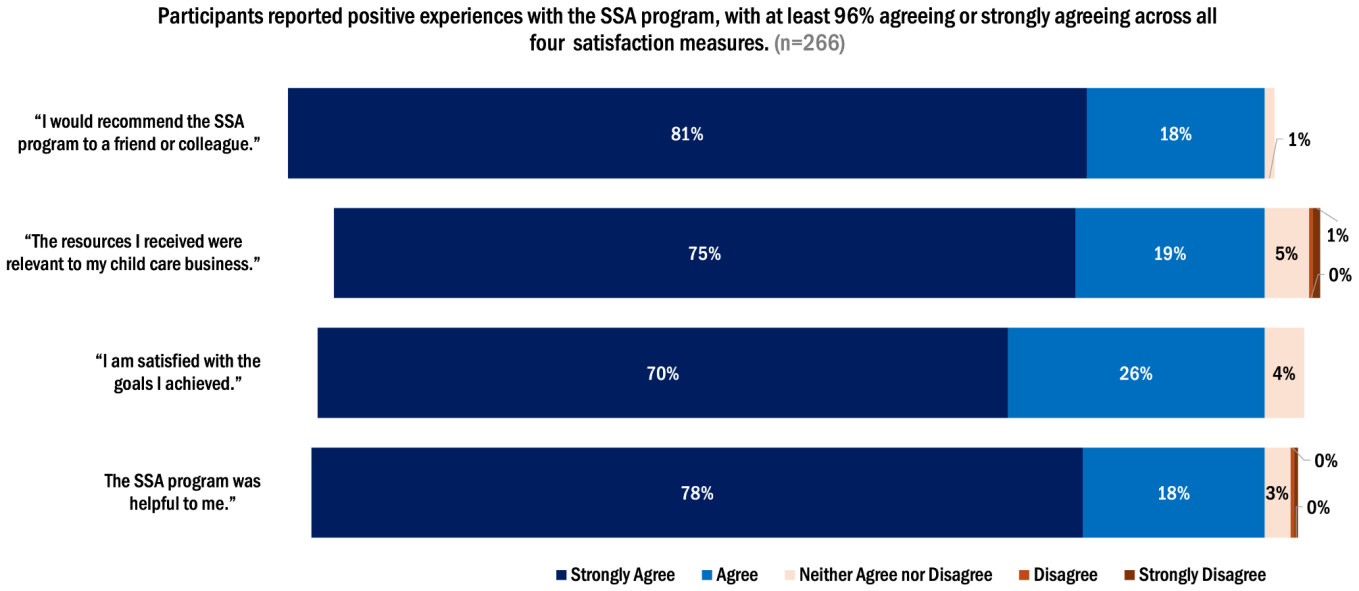
Table 25. SSA member business characteristics (continued)

2024 Child care business income level (self-reported)	n	%
$0 - $9,999	47	15%
$10,000 - $24,999	34	11%
$25,000 - $49,999	65	21%
$50,000 - $74,999	63	20%
$75,000 - $99,999	51	17%
$100,000 - $149,999	31	10%
$150,000+	17	6%

Va. Qualitative Evidence Supporting Findings

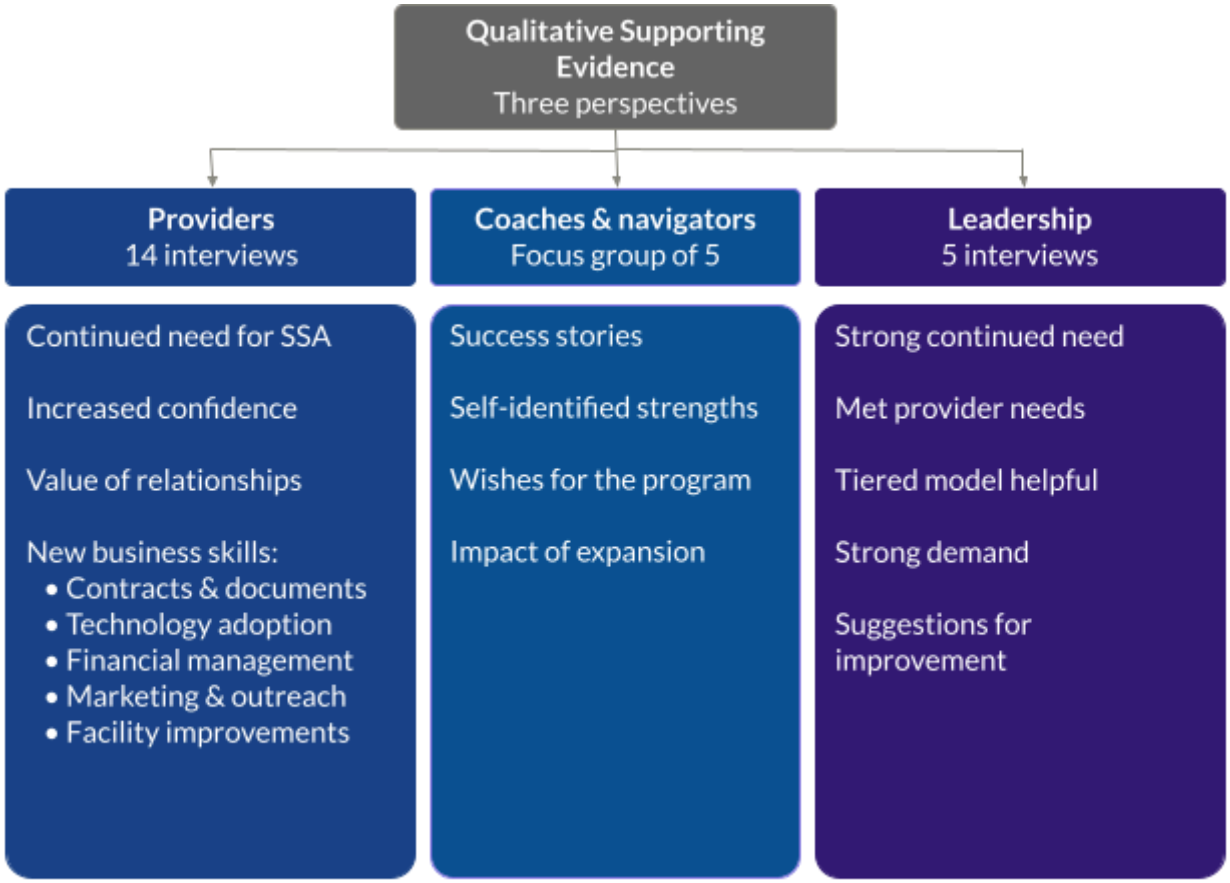
During the post-survey, SSA members were asked to respond to four questions measuring satisfaction level with the program: recommending the program to a friend or colleague, satisfaction with resources, goals, and a helpfulness rating. Results indicate that the large majority of members at least 96% expressed some level of agreement with all satisfaction statements (Figure 23).

Figure 23. Program satisfaction



To complement the survey findings, evaluators gathered qualitative evidence from three perspectives within the SSA: child care providers, coaches and cultural navigators, and partner organization leadership. Drawing on individual interviews and an Appreciative Inquiry focus group, this evidence offers a richer, first-person account of how the program was experienced the changes to provider business practices that resulted from participation. The sections that follow present the themes that emerged from each perspective, illustrated with participants' own words to convey the depth and texture of their experiences.

Figure 24. Themes from Qualitative Data



SSA Member Perspective: Provider Interviews

Evaluators conducted 14 interviews with child care providers across the five partner organizations. Interviews were conducted either in English, in the provider's primary language, or in the provider's primary language with English translation to ensure that providers could participate fully and share their experiences in the language in which they were most comfortable.

Providers were selected through quota sampling, a purposeful sampling strategy that ensures the sample reflects key dimensions of variation across the provider population (Patton, 2015). Within each partner organization, providers were randomized and then selected so that the final group represented a range of experience levels (newer, mid-range, and experienced), languages, and provider types. This approach ensured that the perspectives captured in the interviews reflected the diversity of providers served by the SSA.

All providers interviewed expressed a strong desire and need for the SSA to continue beyond the current program year.

Providers interviewed described this as a need rather than a preference. They viewed their businesses as always evolving, with new children, new families, and new challenges constantly arising. A one-year program model was seen as too short given this reality.

- "Sometimes I need a little [support], sometimes I need more. Things are always changing. There should always be a 'top-off' or an update for us to discuss."
- "I really want them to keep working with me because there is so much to be done... we are very important people in the lives of these children."
- “I hope this program continues running, I hope they get more funding and resources. I think it will be more beneficial. I know that our environment and our…there are less non-profit organizations that have the heart to do things and I hope that they continue prospering and supporting our people.”

Providers reported experiencing increases in personal and professional confidence.

Providers interviewed described entering the program feeling uncertain, fearful, or stuck, and then gaining a stronger sense of their own competence as a result. This theme appeared regardless of years in business, language background, or specific goals pursued. For several providers, this confidence extended beyond their professional identity, positively impacting their personal views of themselves and their confidence levels

- "I want to thank you for providing us with this knowledge at no cost to us... with the information you gain, you can grow any business you set your mind to."
- "This program has given me the confidence to feel more comfortable and to believe in myself. It’s allowed me to show—not just to my business, but to me as a person—that, 'okay, you can do this.'"
- “The self-confidence that I got, because before it was hard for me to change, if I’m trying to move or if I'm trying to enroll kids, ….it was hard for me to find the help, but now I have the confidence to come here (partner organization) and everything that I need is easily accessible for me.”
- "I used to worry so much about what would happen, or if they [the parents] would get angry... Now, I don’t feel the need to offer extra explanations or be worried."

Evidence for increased provider confidence was also observed as they reported more instances of self-advocacy and asking for help. Providers described examples of knowing that they could reach out to their partner organization or coach to receive help if they have a challenge or problem. They also described instances of increased interaction with agencies that may not have occurred in the past due to a lack of confidence in their language and ability to communicate fully.

- “Sometimes (now) if we don’t have someone to help us with English we can just (use) broken English to talk to the agencies to ask for payments and problems.”

Providers considered the relationships they formed both individually with their coaches/cultural navigators and with the larger partner organizations just as valuable as, if not more valuable than, the tools and resources the program offered.

Some providers interviewed highlighted the individual relationships they formed with their coaches and cultural navigators, characterized by trust, patience, and a genuine investment in their success. Providers consistently described coaches as responsive, proactive, and free of any personal agenda, someone they could reach out to at any time and count on for a quick, honest answer. Most participants referenced ongoing, responsive communication with their coach, often describing regular check-ins and availability for support. While communication frequency and modality were not explicitly assessed in all interviews, these patterns emerged consistently in participant narratives. One provider even described the coaching as the most useful part of the program.

- "Whatever I ask her, she isn't trying to sell me anything... she just wants me to succeed. She's not trying to sell or promote a product. That's what blew me away."
- "She is always so patient; truly, she is someone who has a lot of patience with us and helps us at every turn."

For some providers, particularly those working with IRC and the Horn of Africa, it was their connection to the partner organization that provided the most value. They felt connection beyond the coach-provider relationship to the wider network of peers they worked with during in-person trainings. During these sessions, they learned from one another by working through collective challenges and drawing wisdom from those who have been in the field longer. Examples of learning shared by interviewees during these sessions included using Canva and AI to support professional writing, producing social media content, and creating business cards. Another provider highlighted sessions held in East County, where more than 30 providers attended trainings and engaged in informal conversations about their businesses. She reported learning about regulation, laws, and how to network with families. She described feeling more connected and in control of her business as a result of these conversations.

Providers also spoke about the broader community role of their host organizations. One described their partner organization as a unique source of support for refugee populations that may face greater barriers to support access.

- "Our community does not have a lot of the resources compared to the mainstream in San Diego. There are very different refugee populations here and Horn of Africa has been a beneficial support for all the walks of life that come into the facility. I've seen Somali, Ethiopian, Eritreans, Cambodians, Black, everybody, all walks of life and they don't deny anybody…They've been around for so long that they are in their own little bubble and I would love to see them get more exposed and get more recognition that they deserve. What they offer should be well known in the community."

Providers reported developing business management practices and skills that they did not have before the program. Specific areas of improvement described by interviewees included:

- **Contracts and parent-facing documents**
- **Technology adoption**

- **Financial literacy and management**
- **Marketing and communication**
- **Maintaining and improving facilities**

Contracts and parent-facing documents. Updating and strengthening contracts and parent-facing documents was both a reason for joining the program and a significant source of pride upon completion. Providers described their pre-program contracts as outdated, incomplete, or missing critical clauses, particularly around special needs children, parent conduct, and provider-initiated termination. A well-crafted contract was consistently described as providing legal protection, improving communication and expectations with parents, and professional legitimacy.

- "My contract is now very clearly defined. I feel confident knowing it is well-written and appropriate for the parents—and I'm not just talking about the finances; I'm talking about all the services I provide for the children."
- "It is very important for the contract to be specific for the parents; it's a key part of administration... it really speaks to how professional we are."

Technology adoption. Multiple providers entered the program with an explicit fear of technology, including accounting software, social media platforms, email tools, Canva, and Google Business. The program's hands-on, step-by-step approach was repeatedly described as transformative. As a result, providers reported gaining practical independent skills they did not have prior to their SSA experience. Several providers described now being able to print important documents on their own, including CareConnect timesheets and enrollment forms. They also note that Digital Literacy classes equipped them with the knowledge to submit documents electronically, though the ability to do this independently varied across providers. Providers were taught to print directly from their phones, which removed a recurring barrier: many had been unable to log in to partner organization computers because they could not remember their passwords. One provider also completed difficult subsidy paperwork with cultural navigator assistance, which she could not have managed on her own as a non-English speaker.

- "You feel fear—that fear of exploring social media or artificial intelligence... it was really just a lack of having the right tools to finally make the decision to dive in."
- "Here, they actually make us work on what we're doing until we finish it right then and there, and that is important."

Financial literacy and management. Providers across experience levels identified financial management as a significant gap prior to entering the program. Specific areas of growth included building monthly budgets, transitioning from paper-based to digital accounting, understanding tax deductions, and developing cash flow awareness. One provider nearer retirement used the program to think through estate planning, debt reduction, and long-term financial strategy. Another reported receiving help creating a budget and setting up an Excel spreadsheet to prepare for tax season.

- "It gave me the tools to handle my accounting, which obviously resulted in paying fewer taxes. It also taught me investment strategies for tax deductions... I'd rather the children enjoy the benefits here than have that money go to the government."

- "I have a budget for this, I have a budget for that — so now I know at the end of the month what is expected for the following month."

Marketing and communication. Prior to the program, most providers relied entirely on word-of-mouth to attract families. The program introduced them to Google Business profiles, social media marketing, logo design, and flyer creation. Several providers reported a direct connection between these skills and increased enrollment. One provider specifically cited promotion as a primary goal and noted a desire for continued marketing support. Another provider new to the field, joined the program with the goal of enrolling children and developing a marketing plan, and was grateful for the coach's help in creating publicity. Although she faced some fear in starting her business, within two months, she had enrolled five children. She learned to post on Instagram and Facebook, created flyers that she delivered to homes in her neighborhood, paid for Facebook ads, and joined Facebook groups—and both the flyers and the ads proved effective. One of her Instagram videos went viral: she started with 5 followers and grew to over 9,800 after posting it, with the video drawing roughly 241K likes.

- "It helped people find me more easily. I was finally able to advertise, post photos of the children, and showcase my program... and all the things the children have been learning."
- "The first big help was learning how to list my business on Google... now I'm even making t-shirts with my logo, little bags, and small gifts for the parents."

Maintaining and improving facilities. This area of business management was not widespread and was observed among a smaller group of interview providers. These providers reported making tangible improvements to their physical child care spaces as a direct result of program participation, including redesigning learning areas, improving safety features, and creating more home-like environments. This theme, while not universal, suggests that program impact extends to the children's daily experience.

- "I moved away from the old-fashioned daycare look and remodeled it for modern times with contemporary colors, so the children feel calmer and more at home. I even built a dining area for them that feels like a real home."
- "Having designated areas for each group of children—open areas where a child can walk up and grab whatever they want to play with and share."

Coach and Cultural Navigator Perspective: Appreciative Inquiry Focus Groups

Evaluators conducted an Appreciative Inquiry focus group with five coaches/cultural navigators. Appreciative Inquiry is a strengths-based approach to change. It focuses on identifying and building upon what is already working — strengths, successes, and values — rather than concentrating on problems or deficits.

As participants shared their experiences, the challenges encountered naturally emerged as well as ways in which participants addressed those challenges. The appreciative inquiry process enables evaluators to celebrate strengths and learn about best practices.

Success Stories

Coaches and cultural navigators facilitated provider outcomes by helping them set goals and offer support and encouragement as they worked to achieve them. During the focus group, participants were invited to share stories that they felt demonstrated successful outcomes. Each example focused on a different aspect of personal and professional support. One coach supported Spanish-speaking providers in enrolling in and completing child development coursework, with several graduating in May and pursuing credentials. Three coaches/cultural navigators supported their providers in developing marketing and social media skills that enabled them to grow their childcare businesses. In every case, coaches/cultural navigators encouraged providers to identify their own goals and supported them in obtaining the technical skills needed to complete complex objectives.

Table 26. Outcomes and Supporting Quotes

Example of Successful Outcome	Supporting Quote
Helped providers enroll in and complete child development coursework, with several graduating and pursuing credentials.	*"They will finish their certificate for child development this… spring… they're graduating this May."*
Supported a single mother in building her childcare business by developing marketing materials, improving communication, and increasing her confidence.	*"She had no marketing materials, but… she created a welcome packet, made flyers using Canva… and this increased her confidence and helped her grow her business."*
Guided a long-term provider from startup to obtaining a large license and becoming a homeowner.	*"And her goal was to finally to be able to get her large license. So she was able to get that large license… what really made it possible was also like the support that was provided for her, giving her all the different steps to help her understand and how to prepare for that."*
Helped a provider adopt technology, supporting enrollment and a waiting list for her childcare program.	*"And then she adopted technology and she was able to get more children into her daycare. For me, that's something that… was an achievement. And now… she has her large license, but now she's looking to get a bigger place because she has a waiting list now."*

Enabled providers to grow by learning digital tools like social media, QR codes, and Canva, helping them compete with more tech-savvy providers.	*"Now they're able to compete with… providers who are savvy with Canva and… Instagram."*
Guided multiple providers through the process of applying for a credit card, using it to build their business, establishing and maintaining a strong credit score, and investing responsibly in their child care program.	*"Now, about eight months later, every one of those providers has a credit card and has built a good or even great credit score. They are now using credit to support their businesses in a healthy way."*

Self-Identified Coaching Strengths

Coaches and cultural navigators highlighted their ability to connect with providers, earn their trust, and respond to their individual needs. Focus group participants were asked to identify the qualities they valued most in themselves and that contributed to their success as coaches. The consensus was that flexibility, trustworthiness, and empathetic responsiveness were very important. Overall, coaches/cultural navigators emphasized that their effectiveness came primarily from their ability to connect with and respond to providers rather than to direct or instruct them.

Table 27. Coaching Strengths and Supporting Quotes

Participants' Self-Reported Coaching Strengths and Values	Supporting Quote
Participant 1: Values her consistent engagement, flexibility, and relationship-building, especially supporting providers in their preferred language. She also values the patience she has developed while managing many providers.	*"I have strong engagement from providers, and I think that comes from the regular follow-up appointments that I do, being flexible around their schedules, building relationships with them. Supporting them with their preferred language."*
Participant 2: Values being trustworthy, flexible, and approachable, creating a space where providers feel comfortable asking for guidance. She sees long-term trust and relationship-building as central to her coaching.	*"I think what I really value about the work I do with my providers is just, again, building that trust and being more flexible and approachable…"*
Participant 3: Values her ability to connect deeply with providers through patience, guidance, and support. She also values seeing providers succeed, which she describes as the reward for her work.	*"I will say one of the things, truly connect with the providers… I feel like it's being more of the patient that I have with them."*
Participant 4: Values her flexibility, empathy, and responsiveness, along with being a cheerleader who celebrates providers' progress. She also values being resourceful when providers need help beyond her immediate expertise.	*"I think for me, it has to be flexibility… active listening and just being empathetic towards what their needs are."*
Participant 5: Values being responsive, present, and empathetic, especially as an active listener for providers who may not have other support. She also values helping providers begin to see themselves as business owners.	*"Just being responsive… just having someone to listen, being an active listener for me is very important…"*
Participant 6: Values her ability to listen to the providers and understand their challenges before offering advice. She also values helping providers grow their confidence as business owners which she describes as the best part of her job.	*"I try to understand where every provider is in their journey…I like to meet them where they are and help them take one step at a time."*

“Wishes” for the Program

Coaches and cultural navigators shared a consistent set of wishes for strengthening the program, contingent on additional resources and funding. Their priorities included more incentives, stipends, and funding support and more in-person trainings and networking opportunities, and the group also pointed to more digital literacy, marketing, and hands-on business training and smaller caseloads, or more capacity for individualized support, as ways the program could grow.

Incentives, even small ones, would help providers feel valued and professional. Direct quotes included *"you know, incentives are very motivat[ing] for providers," "maybe they can get like a laptop at the end, or maybe gift cards," "I think incentive would be one of our greatest wishes… maybe have a subscription paid for, or like a gift card,"* and *"food, or grants, that will be great."*

In-person training and networking promote professionalism and give providers opportunities to learn from one another and stay connected after training. Direct quotes included *"More training for sure. More in-person trainings. Our providers love them," "it's been very successful, and they really like networking with each other," "Peer collaboration, I agree with that a lot. Like more of those opportunities,"* and *"it's a really important way to grow as well."*

The group recognized that these wishes were contingent on finding more funding.

Impact of Program Expansion

Coaches and cultural navigators adapted to an increased caseload by incorporating more group coaching and triaging provider needs; however, there was concern that this growth threatened deeper impact. As the program expanded to serve more providers, focus group participants described changes in their coaching and noted both benefits and challenges. Benefits included a move toward group coaching as an efficiency. The larger caseload also necessitated some prioritization of resources; coaches realized they did not have to provide the same dose of support to everyone. However, these determinations were not easy to make, and some coaches wondered if they might be neglecting providers from earlier cohorts. Overall, focus group participants were grateful for the opportunity to participate in the SSA program, and the tone was one of appreciation and gratitude, particularly toward the two moderators for their attentive documentation of their efforts.

Table 28. Impact of expansion and supporting quotes

Impact of Expansion	Supporting Quote
Reduced focus on continuing providers	*“I focused on those who newly joined the program… I think that the larger load of providers just made me focus on the new providers and neglect those who were in year 1 and year 2.”*

Shifting goals; 'right-sizing' support needs	*"Just checking on their goals and just again like consistently checking with them to see if anything has changed… See who is like more independent and can do things on their own, and then those who are like need like more handholding and support that we can provide."*
Group coaching for efficiency	*"It's doing some group coaching has helped me too because I was back and forth. I was teaching the same thing like repeatedly. So I was just like, okay, I'm just going to do the coaching group. That will be easiest."*
Prioritization; organizational strategies	*"I had to kind of group my providers… based on what their goal is, based on what their needs are, their language that they speak, and how often do they need me to like check in with them because they need something from me."*
Reduced individual attention	*"I feel like with this increase of caseload, I neglected, neglect some of my providers… But I still, it's not the same, right, to see each other in person or virtually."*

SSA Partner Organization Leadership Perspective: Interviews

Evaluators conducted five interviews with leadership from the five SSA partner organizations. Interviews explored the need for the program in the community, whether and how the SSA addressed child care provider needs, the efficacy of the three-tiered service delivery model, provider recruitment and retention, and suggestions for program improvement. The themes below reflect areas of consensus and notable observations across these interviews.

Leaders across all interviews agreed that there is a continued, strong need for the SSA in the community, particularly for its focus on business education.

There was consensus across all five interviews that there continues to be a strong need for the SSA in the community. Respondents most often cited the program's unique focus on business education and building entrepreneurial skills among providers, a focus they described as rare among the many child development trainings already available.

- "English is not a first language for a lot of our providers, and then just learning how to maintain a business and have it be sustainable and grow, I think that we've been able to support folks on taking their business to the next level."
- "[SSA] is not only crucial for our county and our area, but… these kinds of models are needed to focus on business education and business training. Child development trainings and sessions they're a dime a dozen. They're still quality, but they're all over the place. These are few and far between and much needed now."

Respondents also observed that the SSA complements other child care provider training offerings, extending support beyond initial licensing into the ongoing growth of a sustainable business.

- "…the services we were providing were mostly initial child care licensing—helping businesses start. But we did not go beyond that… with the SSA, it's a continuum of services. You start at a license, then in STEPS you're learning those marketing skills, those digital literacy skills, but SSA goes deeper and continues to enhance those services."
- "The training that has been provided through YMCA (CRS) and the different partners has been really great [but], providers don't, in the beginning, attend [to] the business piece, or the business trainings. They'll focus on the child development portion, and not so much the business aspect. The business piece of it is an afterthought, and here we're putting it at that forefront where, hey, this is also important, that the business needs to thrive, in order to continue providing care for those kids."

Coaches and cultural navigators met provider needs through flexible, individualized support that built providers' confidence and identity as business owners.

There was also consensus that coaches and cultural navigators were able to meet provider needs in a variety of ways. Respondents in all five interviews noted the program's flexibility as a particularly helpful feature, describing an approach in which providers led and defined what mattered most to them. Leaders also described how the SSA built confidence and helped providers see themselves not simply as child care providers but as business owners.

- *"[With SSA] this way, the provider is guiding us, you know, we let them lead. We give them the opportunity to tell us what they think is important. Each provider is different, each provider's needs is different as well."*
- *"We're creating lifelong changes for these women as entrepreneurs, and that's just so great to witness."*

Two respondents particularly noted that SSA workshops and gatherings provided emotional and professional peer-to-peer support that had value beyond the formal structure of the program.

- *"Even outside of the technical assistance, they had a place to come to talk about stuff. When we would have workshops or events on business topics, developmental topics for the children that they watch, or even just health and nutrition—whatever it is, there was always an opportunity to have conversations about what they were going through and have that peer-to-peer support."*

One respondent did reflect that the expansion to more providers made it harder for the coach to meet regularly and provide individualized, intensive support.

- *"We don't really have the time to do that comprehensive assessment and identify what the needs are for each provider. So [that's] probably been the biggest shift that I've seen this year."*

Leaders observed that the three-tiered model was a necessary shift that made larger caseloads more manageable, while allowing support to be tailored to provider needs.

Interviewees reported that the three-tiered model worked well and allowed partners to expand the program to the fifty provider service level. Tiering made larger caseloads manageable, enabling coaches to group providers with similar goals together and free up time for new providers and those with higher needs.

- *"[Coach name] couldn't have done it with 50 providers on the same model. [She] was worried about how she was going to support these providers."*
- *"The model worked because providers did not all require the same intensity of support. Coaches could group providers with similar needs together and focus their time for new providers and those with higher needs. The dosage is a little more adaptable, so I do think that's a benefit."*

The three-tiered model also helped staff plan outreach, workshops, and one-on-one support more strategically.

- *"There wasn't that pressure to feel that everybody has to take the same amount of support. It was very tailored."*

Leaders reported no significant issues with enrolling or retaining providers, attributing strong enrollment and retention to high demand, word-of-mouth referrals, and trusted coaches.

There were no significant issues raised during the conversations regarding the enrollment and retention of providers. Factors that contributed to strong enrollment and retention included the perception of high demand, word-of-mouth recruitment as providers shared positive experiences, a shorter application that reduced the enrollment burden, and the option of both virtual and in-person training. One respondent attributed strong enrollment and retention to a particular coach's reputation and the trust she had earned.

- *"[She] kicked it out of the park… I think she had a waiting list."*
- *"We haven't had any drops from [coach's name] caseload, as I mentioned. She's very sought out in terms of a coach. I know she has people on the waitlist, and they refused to go with another coach."*

While leaders described their experience with the SSA as highly positive, they also offered several suggestions for program improvement.

All interviewees highlighted that their experiences with the SSA were positive and expressed gratitude for the support for their organizations. As one respondent put it, "I think the program is working well. I don't really see any need for changes." However, when pressed, respondents offered the following suggestions:

- **A centralized technology system.** Respondents described difficulty finding and retrieving documents and suggested a shared CRM as a way to make tracking, scaling, and information retrieval easier: "We want to showcase the programs we're participating in and what the impact was."
- **Increased funding and budget flexibility.** Funding concerns were mentioned in four of the five interviews. Funding was described as needed to meet current expenses ("What we're

getting does not cover our costs"), expand the program, avoid an interruption in services, and invest in training to increase providers' AI capacity.

- **Proactive tools to prevent business crises.** As an example, one respondent suggested providing information on different types of business insurance beyond the required liability coverage.
- **A revised goal-setting survey that aligns with lived experience.** Staff sometimes had difficulty translating provider needs into the existing goal categories in the survey and suggested adding an open-ended question to capture goals not listed in the current reporting structure.

VI. Discussion: Challenges & Solutions

Now in Year 3 of implementation, the San Diego SSA has evolved and adapted to a changing landscape characterized by growing needs for individualized support and increasingly constrained funding availability. The program was originally designed for approximately five coaches/cultural navigators to serve 105 child care providers during Year 1 and 120 in Year 2. When funding from San Diego County was discontinued prior to Year 3, program partners secured bridge funding to support the SSA's continuation. In response to funding priorities, the service levels were expanded, offering support for 300 providers while maintaining the previously established number of coaches/cultural navigators. This new model necessitated a program redesign that tiered support in an effort to strategically leverage resources, and provide "just right" service intensities based on individual provider needs. As detailed throughout this evaluation report, these efforts succeeded in broadening the number of providers served, but this success was not without tradeoffs. This final section offers reflections on the program's challenges, and solutions grouped according to the following categories: **Provider Self-Assessment, Goal Tracking**, **Training Impacts, Service Delivery Variation.** It also explores recommendations for program interest holders as they vision a future for the program that must respond to changes in funding and other external factors.

Provider Self-Assessment

- **The business assessment was limited in scope, emphasizing providers' financial outcomes rather than comprehensively assessing their individualized business needs.**
    - **Challenge (observed):** To meet the enrollment deadline, YMCA CRS requested that providers be able to complete the intake and business assessment themselves.

    - **Solution (observed):** Originally, it was planned for coaches and cultural navigators to administer the Family Child Care Strength and Sustainability Index (FCC-SASI). It was recommended in the year 2 report that the FCC-SASI should be used for a more cohesive and systematic process for reporting output. However, due to the increase in caseload, program leaders requested that providers be able to complete the FCC-SASI independently, without assistance from coaches or cultural navigators. Additionally, the FCC-SASI was not designed for self-assessment and could not be used. To accommodate provider self-assessment, evaluators selected 10 items from the FCC-SASI and rewrote them as direct questions, allowing providers to complete the intake without assistance from a coach or cultural navigator. The self-assessment survey was intentionally limited in scope, focusing primarily on the provider's financial well-being and key indicators of business health. It is recommended that the full FCC-SASI is used to capture business practices beyond the scope of the self-assessment survey. T

- **Recommendation:** Administer the FCC-SASI through a trained partner (coach or cultural navigator). The FCC-SASI was developed after tracking the types of goals and best business practices that providers from various cultural communities implemented or updated while participating in the STEPS program. It has been updated after each year of the SSA and reflects business practices providers have chosen to implement to improve and grow their child care program. The SASI offers the following additional benefits:
    - Functions as a structured list of best business practices that providers can review and adopt.
    - Captures a broader range of business practices that may influence program sustainability and provider income.
    - Features practices providers can achieve on their own without the help of a coach or cultural navigator.
    - Features practices providers can implement after a provider attends a training session.

- **Provider self-assessments, most of which were completed without the help of their coach/cultural navigator reached a high survey response rate, but yielded less complete data than in past data collection efforts.**

    - **Challenge:** The increase in caseloads in Year 3 necessitated self-administered intake and post surveys. Coaches and cultural navigators encouraged providers to complete these data collection instruments, but a number of responses were sometimes only partially completed. This resulted in a declined level of data completeness as compared to previous years where coaches and cultural navigators completed both the intake and post survey one-on-one with their providers.

    - **Solution:** Evaluators worked with YMCA CRS, who connected with project partners to collect administrative data on key measures and metrics such as provider tuition levels and reimbursement rates. Gathering administrative data proved to be a reliable source of information, offering a more complete alternative to provider self-report for these measures.

    - **Recommendation:** As the SSA enters Year 4 of service, it may be helpful evaluators to work with project partners to collectively assess what other administrative data could serve as either a supplement or a replacement for provider self-assessment data. Where feasible, collection points for administrative data such as rate data should also shift from mid-program and end-of-program to intake and end-of-program, so that change over time can be measured from a true baseline.

Goal Tracking

- **The types of goals and business practices that providers choose may not immediately impact a provider's business income, but are an integral step towards sustainable growth.**

    - **Challenge 1:** The business assessment and goal focus areas were aligned with the program outcomes listed in the project's scope of work. Early feedback from partner organizations indicated that the categories of goals in the goal completion log were limited.

    - **Solution 1:** In response, the types of goals that could be reported in the goal completion log were expanded. For example, HOA reported that a number of their providers were planning to return to school to complete courses in post-secondary education. Although this goal did not directly impact the immediate growth of their business, it is important for the long-term sustainability to improve and promote the quality of their child care.

    - **Challenge 2:** The goal focus areas were necessary for reporting purposes; however, they provide only a limited understanding of the scope and complexity of the work being completed. For example, the focus area "adopt technology use for operating business" could encompass a range of activities from learning to use basic software applications to implementing advanced CCMS features. As a result, activities reported under the same focus area may vary considerably due to each provider's experience and needs. These differences are also evident based on the training topics offered by the partner organizations. For example, HOA and IRC held a number of trainings to assist providers with some more basic digital literacy skills.

    - **Solution 2:** The observed challenge was discovered during data analysis and the solution is described in the following recommendation.

    - **Recommendation:** Input from the leaders, coaches and cultural navigators from each partner organization should direct how goal focus areas are categorized. Goal focus areas should be determined after coaches and cultural navigators assess the needs of the providers. Partner organizations can use the FCC-SASI as a reference or index for selecting the goal focus areas and could develop more nuanced goals that meet the needs and level of assistance for individualized assistance. The FCC-SASI can also be used to track provider business practices over time.

- **The rate of meaningful progress can be slow, demonstrating the need for support beyond the single program year.**

- **Challenge:** The time required to achieve a goal offers valuable program planning insights, revealing how long meaningful progress takes, particularly for goal topics considered more difficult such as financial planning and budgeting. On average, providers took approximately five months to complete a single goal within a one-year program, indicating what is realistically achievable in a single program year. This timeline became more consequential in Year 3, when the same number of coaches and cultural navigators were asked to serve 300 providers rather than the 120 served in Year 2. As caseloads grew, the depth of support available to any individual provider was necessarily reduced, surfacing a tension between deeper work with fewer providers, which allows more goals to be completed and more substantive progress per provider, versus broader work that reaches more providers but risks shallower engagement and less durable change.

- **Solution:** In response to the expanded caseload, the program adopted a tiered support model designed to match service intensity to individual provider needs, reserving more intensive engagement for providers who required it while serving others at lighter touch. This allowed the SSA to broaden its reach without abandoning depth entirely, though it did not fully resolve the underlying tension between breadth and depth.

- **Recommendation:** Because results suggest that sustained progress requires more time than a single program year allows, ongoing provider support beyond the one-year period should be considered to consolidate and extend the gains providers make. Also, the deeper-versus-broader question is a strategic decision that should continue to be discussed among program leadership. Convening program interest holders, with representation across partner organizations, to weigh these tradeoffs and align on a shared direction would ensure that future decisions about caseload, goal expectations, and service intensity reflect the program's collective priorities rather than the constraints of any single funding cycle.

Training Impacts

- **SSA training sessions provide coaches and cultural navigators with an effective strategy for delivering business support to groups of providers seeking to strengthen a common business practice. However, follow-up after training is essential to assess how providers apply the information, evaluate changes in knowledge and business practices, and identify areas where additional individualized support may be needed.**

    - **Challenge 1:** The Year 2 report suggested the following: Offer in-person digital literacy development and CareConnect support for providers. All CareConnect sessions were recorded and made available to coaches and cultural navigators to provide follow-up training in Year 2. Providers have varying levels of computer skills. Additional computer lab sessions with time for hands-on training with assistance would enhance a provider's confidence in their digital literacy skills and with the CareConnect platform.

    - **Solution 1:** HOA offered eight training sessions, while IRC delivered three, to support providers in strengthening their digital literacy skills. Each organization assessed providers' existing levels of digital literacy and developed targeted training courses that met their needs. These courses were designed not only to build providers' digital competencies but also to equip them with practical skills they could immediately apply in their businesses, leading to meaningful behavior change and improved business practices.

    - **Challenge 2:** The Year 2 report suggested the following: The San Diego County SSA model should promote the alignment between the trainings and coaching sessions. Each training session should have coordinated follow-up coaching sessions to ensure resources and information are utilized to produce a change in the provider's business practices. Program leaders should develop a framework that streamlines the delivery of trainings so that coaches can further assist the providers with their learnings.

    - **Solution 2:** At the onset of SSA Year 3, the program leader created a set of goal-oriented business supports that providers would have access to when engaging with their coach or cultural navigator. One of these business supports was to implement an "interactive training follow-up lab". Across all five partner organizations, this business support was utilized with 35 providers, representing relatively limited participation compared with overall training attendance.

    - **Challenge 3**: During Years 1 and 2 of the SSA, the data collection process included post-training surveys administered following each training session. These surveys were intended to gather participant feedback; however, response rates were

consistently low. Furthermore, the evaluation team determined that the survey instrument was not designed to assess whether providers implemented changes to their business practices as a result of the training. Consequently, the surveys provided limited evidence regarding the effectiveness of the training in influencing provider behavior or practice.

- **Solution 3:** In Year 3, the data collected on training sessions included the partner organization that delivered the training, the training topic, the language in which the training was conducted, and the number of providers who attended. While these data provide valuable information on training implementation, they do not capture the extent to which participants acquired knowledge or applied it in practice.

- **Recommendation 1:** A formal structured protocol should be created collaboratively between partner organizations to help coaches and cultural navigators to engage in more intentional and structured follow-up with participants. The protocol would formalize guidance for coaches and cultural navigators to bridge training content with session work that reinforces learning and supports implementation. The follow-up lab sessions would be captured in the goal completion log, but additional questions that are directly aligned with the training sessions should be included in the post-program data collection.

- **Recommendation 2:** To better assess training effectiveness, follow-up coaching sessions and post-training assessment questions that are directly aligned with the training content should be incorporated into the evaluation process.

Service Delivery Variation

- **Business support services are delivered based on the individualized needs of each provider, which vary across partner organizations. This underscores the importance of collaborating with partner organizations when developing the SSA program model.**

    - **Data Observation:** Provider business support data revealed that HOA relies more on in-person and on-site coaching sessions compared to other partner organizations that engaged more frequently with providers virtually or by phone. Through follow-up discussions between the cultural navigator and CEED during the in-person provider interview process, more detail about provider business supports was shared. The cultural navigator and HOA team leader described a successful solution to an ongoing challenge: helping providers submit subsidy timesheets without the assistance of the cultural navigator. Many of the HOA providers prefer printed timesheets to sending timesheets electronically and the providers continuously were challenged with this task. HOA encouraged at-home

printing, which resulted in printer failures and HOA also set up a computer terminal in the HOA office, but providers consistently forgot their login credentials. Their latest approach, teaching providers to print directly from their phones to the office printer, eliminated the need for one-on-one assistance. While HOA's open-door policy and self-service access to office resources are not captured in this report, they represent an important component of provider business support. This example illustrates the value of allowing cultural navigators to tailor business supports to providers' preferences and cultural contexts.

- **Research Support:** Garrity & Miller (2025) and Garrity et. al (2024) found that Somali STEPS providers valued being able to walk into the HOA and access supports from cultural navigators who shared a similar cultural and linguistic background. Cultural navigators use many tools to support providers, including using Whats App to translate licensing and other written materials and send all providers information and updates, and have driven providers to the bank to open a bank account.

- **Data Observation:** During an IRC provider interview that included the cultural navigator for translation purposes, the cultural navigator described her use of Google chat as a business support when providing context to an answer from the provider.

- **Recommendation:** Partner organizations should choose the type of business supports that are tracked for reporting purposes and should have input regarding the classification of the business support into each tier category.

Appendix A: Training Sessions

Partner Hosting Training	Training Title	Language	Attendance
CDA	Basics on Gmail and Google Docs	Spanish/English	17
CDA	Haga crecer su negocio de cuidado infantil en línea (Grow your online child care business)	Spanish	24
HOA	Marketing Bootcamp Week 1	Somali/English	7
HOA	Marketing Bootcamp Week 2	Somali/English	7
HOA	Marketing Bootcamp Week 3	Somali/English	7
HOA	Marketing Bootcamp Week 4	Somali/English	7
HOA	Mom Seeking Support and Connection	Somali/English	15
HOA	Digital Literacy Class Week 1	Somali/English	7
HOA	Digital Literacy Class Week 2	Somali/English	4
HOA	Digital Literacy Class Week 3	Somali/English	7
HOA	Digital Literacy Class Week 4	Somali/English	7
HOA	Nutrition and Mental Health	Somali/English	16
HOA	Tech on the Go Class Week 1	Somali/English	8
HOA	Tech on the Go Class Week 2	Somali/English	8
HOA	Tech on the Go Class Week 3	Somali/English	9
HOA	Tech on the Go Class Week 4	Somali/English	8
HOA	Community Health Initiative and Healthy Food	Somali/English	20
HOA	Emergency Disaster Plan for Childcare Facility	Somali/English	18
HOA	Budgeting	Somali/English	27
HOA	Improving Recordkeeping	Somali/English	23
IRC	Small Business Micro Lending Readiness and Financial Planning	Arabic/English	22
IRC	Life Insurance for Small Business Owners	Arabic	30

IRC	Info Session-Unannounced Visitors	Arabic	30
IRC	Digital Literacy and AI Tools	English, Arabic translation	30
IRC	Digital Literacy- Canva & AI	English, Arabic translation	28
IRC	Digital Literacy-Google Sheets	English, Arabic translation	25
YMCA CRS	Protecting Your Child Care Business (Insurance Workshop)	Spanish	28
YMCA CRS	Protecting Your Child Care Business (Insurance Workshop)	English	18
YMCA CRS	Preparing for Tax Season	Spanish	20
YMCA CRS	Preparing For Tax Season	English	43
YMCA CRS	Financial Planning Series - Session 1: Financial Foundations For Business Owners & Families	English	26
YMCA CRS	Financial Planning Series - Session 1: Financial Foundations For Business Owners & Families	Spanish	22
YMCA CRS	Financial Planning Series - Session 2: Retirement Planning - Understanding the Big Picture	English	23
YMCA CRS	Financial Planning Series - Session 2: Retirement Planning - Understanding the Big Picture	Spanish	18
YMCA CRS	Financial Planning Series - Session 3: Social Security & Housing - Making Informed Decisions	English	8
YMCA CRS	Financial Planning Series - Session 3: Social Security & Housing - Making Informed Decisions	Spanish	24
YMCA CRS	Financial Planning Series - Session 4: Protecting the Family - Estate Planning Basics	Spanish	23
YMCA CRS	Financial Planning Series - Session 4: Protecting the Family - Estate Planning Basics	English	11
YMCA CRS	Excel Budgeting (In-Person)	English	8
YMCA CRS	Excel Budgeting (In-Person)	Spanish	11
YMCA CRS	SSA Provider Cafe (In-Person training with children's book giveaway and raffle prizes): Topics Include: Marketing, Flyer and QR code creation with 1:1 assistance provided, How To Guide on creating/using a Google doc, Template for a parent interest survey.	English/Spanish	45

Appendix B: Training Flyers

YMCA OF SAN DIEGO COUNTY
COMMUNITY WELL-BEING & BELONGING

EL NEGOCIO DE CUIDADO INFANTIL FAMILIAR:

PREPARÁNDOSE PARA LA TEMPORADA DE IMPUESTOS

YMCA CHILDCARE RESOURCE SERVICE



Fecha:
Martes, 04 de noviembre, 2025 Horario: 6:00–8:30pm
Evento en línea: ZOOM Enlace de registro:
Preparandose para la temporada de impuestos

Conozca más sobre el negocio de cuidado infantil familiar y sus numerosos beneficios fiscales. Es fundamental saber qué información necesita para preparar sus impuestos.

Los participantes:
-Revisarán las herramientas y habilidades financieras necesarias para el mantenimiento de registros para cumplir con las leyes fiscales y evitar sanciones.
-Comprenderán cómo el mantenimiento de registros adecuado lo preparará para una auditoría y mejorará la eficiencia operativa de su negocio.
-Aprenderán la diferencia entre un contratista independiente y un empleado.
-Revisarán las calificaciones de un preparador de impuestos.
-A prenderán sobre diferentes tipos de entidades comerciales.

YMCA OF SAN DIEGO COUNTY
COMMUNITY WELL-BEING & BELONGING



ابدأ رحلتك نحو النجاح

مع برنامج الخدمات المشتركة

! هل تدير رعاية أطفال منزلية؟ لدينا لك فرصة لا تُفوّت

:تحالف الخدمات المشتركة صُمم خصيصًا ليكون شريكك الموثوق في النجاح

يساعدك على الوصول إلى التسجيل الكامل، تحصيل الرسوم في وقتها، وضمان ربحية مستدامة لسنوات طويلة.

لماذا تختار برنامجنا؟

- دعم إداري وتجاري موجّه نحو الأهداف
- خطط متكاملة لتحسين أعمالك
- زيادة نسب التسجيل والالتحاق
- تطوير مهني مجاني بالكامل
- مركز موارد شامل ومتكامل

لا تنتظر! الفرص المميزة لا تتكرر كثيرًا .

لأجل مستقبل أكثر إشراقًا ونجاحًا لعملك في رعاية الأطفال، بادر الآن بتعبئة

نموذج الاهتمام بالخدمات المشتركة

CDA · The Chicano Federation · Horn of Africa Community · Rescue

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

ASK THE EXPERTS

PROTECTING YOUR CHILD CARE BUSINESS

YMCA CHILDCARE RESOURCE SERVICE

DATE: Tuesday, Oct. 14, 2025
Time: 6:30pm –8:00pm
Online Event: ZOOM
Registration Link
Ask the Experts: Protecting You Family Child Care Business



Do you know how to prevent legal action against your family childcare business? Join us for tips on how to proactively protect your childcare business from complaints and lawsuits. During this workshop, an insurance service professional will talk about how to protect your business when offering transportation, field trips, and weekend care. Learn how liability insurance can offer you peace of mind as a family childcare provider and the types of coverage available to you in the event of a natural disaster like a flood or earthquake.

https://www.caregistry.org/
Search for our Trainings to help you start, build, and sustain a high-quality program.

Family Child Care Business

Financial Planning Series

Our 4 Session series will provide you with guidance for successful financial planning for your future and your Family Child Care Business. Sessions will be presented in English and Spanish.

1. Financial Foundations For Business Owners & Families
Wednesday, February 25, 2026
6:30pm-8:30pm

Click Here to Register for Session 1

This session covers the fundamentals of personal and business finances, including cash flow, saving strategies, emergency funds, and separating personal and business money. Participants will gain clarity on how to organize their finances and build a strong foundation for future planning.

2. Retirement Planning - Understanding the Big Picture
Wednesday, March 25, 2026
6:30pm-8:30pm

Click Here to Register for Session 2

This session explains retirement planning in simple, practical terms. Topics include the difference between saving for retirement and generating retirement income, common planning mistakes, inflation, and what it means to be financially prepared for retirement.

3. Social Security & Housing - Making Informed Decisions
Wednesday, April 29, 2026
6:30-8:30pm

Click Here to Register for Session 3

This session provides a clear overview of how Social Security works, when to claim benefits, spousal considerations, and how housing decisions affect long-term financial security. Participants will learn how these decisions impact retirement income and overall stability.

4. Protecting the Family - Estate Planning Basics
Wednesday, May 27, 2026
6:30pm-8:30pm

Click Here to Register for Session 4

This session introduces estate planning in an easy-to-understand way. Topics include guardianship for children, beneficiary designations, and the importance of having a plan in place to protect loved ones, regardless of income or net worth.

Registration for sessions for 2, 3, and 4 will open once the previous session is completed.

DO NOT SHARE YOUR TRAINING ZOOM LINK WITH ANYONE. IT WILL IMPACT YOUR ATTENDANCE.

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