



The Center for Excellence in Early Development

"Nurturing Early Connections"

Steps to Family Child Care Success (STEPS) Year 2 Evaluation Report

January 31, 2021

UPDATED: April 4, 2022

FINANCIAL INFORMATION ADDED: July 11, 2022

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Revised: July 22, 2022

Program Description

The Steps to Family Child Care Success (STEPS) program is a collaboration between the International Rescue Committee (IRC), the Chicano Federation, Horn of Africa, and the Center for Excellence in Early Development (CEED) at San Diego State University. Following a successful pilot year, the program was funded for a second year, beginning on January 1, 2021, and concluding on January 31, 2022.

The program's continued vision is to strengthen family childcare businesses in City Heights to ensure sustainability and profitability while supporting City Heights' children to reach their fullest potential. As part of the program, providers attended a 14-week, comprehensive training series (15 sessions, 2-3 hours each) provided in a virtual format by IRC. Trainings were designed to increase providers' financial literacy, knowledge of banking and credit systems in the United States, and improve their skills related to running a successful business.

A key feature of the STEPS program is the use of cultural navigators hired by Horn of Africa and Chicano Federation. The cultural navigators represent the immigrant and refugee communities served by the program and were responsible for recruiting and enrolling providers, served as a resource in enrollment and parent relations, and acted as liaisons between providers and agencies responsible for subsidized care. A total of thirty providers, 15 from Chicano Federation (CF) and 15 from Horn of Africa (HOA) participated in the program, with 29 completing the program.



Summary and Analysis of Program Data

This section presents demographic information on the FCC providers, their business, and the children served during the grant period.

Demographic Information

FCC Provider Information

Chicano Federation				
Provider Name	Gender	Ethnicity	Primary Language	Years in the U.S.
AA	Female	Hispanic	Spanish	52
OA	Female	Somali	Somali, English	3
LA	Female	Mexican	Spanish	27
LD	Female	Hispanic	Somali, English	38
RI	Female	African American	Somali, French, English	15
KM	Female	Mexican	Spanish	23
HM	Female	Somali	Spanish	32
EM	Female	Hispanic	Spanish	20
GP (GV)	Female	Hispanic	Spanish, English	20
MR 1	Female	Hispanic	Spanish	30
MR 2	Female	Mexican	Somali, English	35
EF	Female	Hispanic	Spanish	25
AS	Female	Somali	Somali, English	4
LT	Female	Hispanic	Spanish	30
LZ	Female	Hispanic	Spanish, English	22

All fifteen providers from Chicano Federation are female. Eight providers identify as Hispanic, three identify as Mexican, three identify as Somali, and one identifies as African American. Eight of the providers are Spanish speaking, three are bilingual in English and Spanish, four are bilingual in Somali and English, and one provider speaks Somali, French, and English. The Chicano Federation providers have been living in the United States between 3-52 years, with an average of 25 years.

Horn of Africa				
Provider Name	Gender	Ethnicity	Primary Language	Years in the U.S.
AA	Female	African	Somali	26
HC	Female	African	Somali	8
AH	Female	Somali	Somali	21
NM 1	Female	African American	Somali, English	27
SM	Female	African	Somali	9
AM	Female	Somali	Somali	22
FM	Male	Somali	English	18
MM	Female	Somali	Somali	22
NM 2	Female	Somali	Somali	26
SM	Female	African	Somali	25
FM	Female	Somali	Somali	29
FO	Female	Somali	Somali	3
AS	Female	Somali	Somali	8
HS	Female	Somali	Somali	23
FT	Female	Somali	English	26

Fourteen of the providers from Horn of Africa are female and one provider is male. Ten of the providers from Horn of Africa identify as Somali, three identify as African and one identifies as African American. Twelve providers speak Somali, one speaks Somali and English, and two are monolingual English speakers. The Horn of Africa providers have been living in the United States between 3-29 years with an average of 20 years.



FCC Business Information – Baseline

Chicano Federation							
Provider Name	Provider Zip Code	Licensed Capacity	Number of Children Enrolled	Years in Operation	Hours and Days of Operation	Payment Type	CACFP
AA	92114	14	5	8 years 3 months	6:30 AM - 5:00 PM (M - F)	Parents	Yes
OA	92105	8	0	8 months	No Children Enrolled	N/A	No
LA	92105	8	0	8 months	No Children Enrolled	N/A	No
LD	92115	8	5	2 years 3 months	8:00 AM - 5:00 PM (M - F)	CDA Cash	Yes
RI	92113	8	5	1 year 8 months	6:00 AM - 7:00 PM (M - TH) 6:00 AM - 4:00 PM (F)	CDA	No
KM	92102	8 then changed to 14	3	4 years	7:00 AM - 4:00 PM (M - F)	CDA	Yes
HM	92115	8	3	9 years 6 months	2:30 AM - 8:00 PM (M - F)	YMCA	No
EM	92104	8	0	1 year 10 months	No Children Enrolled	N/A	Yes
GP (GV)	92115	8	2	4 years 3 months	5:30 AM - 4:00 PM (M - F)	Cash	Yes
MR 1	92114	8	0	1 year 9 months	No Children Enrolled	N/A	Yes
MR 2	92102	8	3	1 year 8 months	8:00 AM - 5:00 PM (M - F)	CDA	Yes
EF	92105	14	6	4 years 1 month	7:00 AM - 6:00 PM (M - F)	CDA Parents	Yes
AS	92105	8	0	3 years 7 months	No Children Enrolled	N/A	No
LT	92115	8	4	10 years 1 month	9:00 AM - 5:30 PM (M - F)	YMCA CDA	Yes
LZ	92105	8	3	8 months	4:30 AM - 4:30 PM (M - F)	CDA Cash	Yes

Notes: Years in operation are based on data gathered in January 2021.

Note: The categories of parents and cash represent families who pay cash for childcare services and do not receive a childcare subsidy.

Eleven of the Chicano Federation providers live in the City Heights zip codes of 92102, 92104, 92105, and 92115. The remaining 4 live in the surrounding zip codes of 92114 and 92113. Twelve of the 15 providers have a licensed capacity of 8 children, 2 have a licensed capacity of 14 children, and one increased her capacity from 8 to 14 during the project period. The number of years each provider has been operating their business ranges between 8 months to over 10 years. The types of payment the providers receive are: CDA (3), CDA and Cash (2), CDA and Parents (1), Cash (1), YMCA (1), YMCA and Parents (1). Ten of the providers participated in the CACFP food program.

Horn of Africa							
Provider Name	Provider Zip Code	Licensed Capacity	Number of Children Enrolled	Years in Operation	Hours and Days of Operation	Payment Type	CACFP
AA	92105	8	4	10 years	6:30 AM - 9:30 PM (M - F)	YMCA	No
HC	92115	14	4	6 years 7 months	3:45 PM - 6:00 PM (M - TH)	CDA	No
AH	92123	8	3	5 years 9 months	07:00 PM - 10:30 PM (M - SUN)	CDA	No
NM 1	92105	14	0	4 years 10 months	No Children Enrolled	N/A	No
SM	92113	8	4	2 years 2 months	(01:00 PM - 11:00 PM (M - SUN)	CDA	No
AM	92104	8	4	6 years 10 months	7:50 AM - 3:00 PM (M - TH)	CDA	No
FM	92115	8	4	11 months	3:30 PM - 7:30 PM (M - F)	YMCA	No
MM	92105	8	2	16 years 3 months	3:30 AM - 9:00 PM (M - TH)	CDA	No
NM 2	92105	8	0	3 years 2 months	No Children Enrolled	N/A	No
SM	92115	8	1	10 months	4:30 AM - 10:00 PM (SAT - TH)	CPG	No
FM	92105	14	0	9 years 2 months	No Children Enrolled	N/A	No
FO	92105	8	3	2 years	02:00 PM - 10:00 PM (M - F)	CPG	No
AS	92105	8	5	3 years 3 months	02:30 PM - 10:30 PM (M - F)	YMCA	No
HS	92105	14	6	2 years 7 months	02:00 PM - 10:00 PM (M - F)	CDA	No
FT	91942	8	3	6 years 11 months	8:00 AM - 4:00 PM (M - F)	CDA	No
Notes: Years in operation are based on data gathered in January 2021							

Note: The categories of parents and cash represent families who pay cash for childcare services and do not receive a childcare subsidy.

Eight of the providers from Horn of Africa live in 92105, 3 live in 92115, and the 4 remaining providers live in 91942, 92123, 92113, and 92014. Eleven have a licensed capacity of 8 children while the remaining 4 providers have a licensed capacity of 14 children. The number of years the providers have been operating their business ranges between 10 months and 10 years. The types of payment the providers receive are: CDA (7), CPG (2), YMCA (3). None of the providers participate in the Child and Adult Care Food Program (CACFP), which is consistent with data collected during provider focus groups and Year 1 evaluation data.

Children's Demographic Information

Chicano Federation							
Provider Name	Age of Children in Care	Zip Code	Gender	Ethnicity	Language	Voucher	Hours in Care
AA	5	92114	Female	African American	English	Parent	6:30 AM - 5:00 PM (M - F)
	5	92115	Male	White	English	YMCA	7:30 AM - 5:00 PM (M - F)
	4	92114	Female	Latino	Spanish, English	Parent	7:30 AM - 5:00 PM (M - F)
	4	92114	Male	Latino	Spanish, English	Parent	7:30 AM - 5:00 PM (M - F)
	2.5	92114	Male	White	English	Parent	7:30 AM - 5:00 PM (M - F)
OA	No Children Enrolled						
LA	No Children Enrolled						
LD	7 months	91977	Female	Hispanic	Spanish	CDA	9:00 AM - 5:00 PM (M - F)
	5	91977	Female	Hispanic	Spanish	CDA	9:00 AM - 5:00 PM (M - F)
	4	91977	Female	Hispanic	Spanish	CDA	9:00 AM - 5:00 PM (M - F)
	6	91977	Male	Hispanic	Spanish	CDA	9:00 AM - 5:00 PM (M - F)
	3	92113	Female	Hispanic	Spanish	Cash	8:00 AM - 4:00 PM (M - SAT)
RI	13	92114	Male	African	Nigerian	CDA	6:00 AM - 4:00 PM (M - F)
	9	92114	Male	African	Nigerian	CDA	6:00 AM - 4:00 PM (M - F)
	5	92114	Female	African	Nigerian	CDA	6:00 AM - 4:00 PM (M - F)
	8	92020	Female	African	Nigerian	CDA	6:00 AM - 4:00 PM (M - F)
	5 months	92020	Female	African	Nigerian	CDA	9:00 AM - 7:00 PM (M - TH)
KM	2	92105	Female	Latino	Spanish, English	CDA	7:00 AM - 4:00 PM (M - F)
	6	92105	Female	Latino	Spanish, English	CDA	7:00 AM - 4:00 PM (M - F)
	7	92105	Male	Latino	Spanish, English	CDA	7:00 AM - 4:00 PM (M - F)
HM	10	92105	Female	Hispanic, English	English	YMCA	2:30 PM - 8:00 PM (M - F)
	12	92105	Male	Hispanic, English	English	YMCA	2:30 PM - 8:00 PM (M - F)
	6	92105	Male	Hispanic, English	English	YMCA	2:30 PM - 8:00 PM (M - F)
EM	No Children Enrolled						
GP (GV)	3	92105	Male	Hispanic	Spanish, English	Cash	5:30 AM - 2:30 PM (M - F)
	3	92105	Female	African American	English	Cash	6:00 AM - 4:00 PM (M - F)
MR 1	No Children Enrolled						
MR 2	5	92114	Female	Hispanic	Spanish, English	CDA	8:00 AM - 5:00 PM (M - F)

	4	92114	Male	Hispanic	Spanish, English	CDA	8:30 AM - 5:00 PM (M - F)
	3	92102	Male	Hispanic	Spanish	Parent	8:30 AM - 1:30 PM (M - F)
EF	3	92115	Male	Hispanic, English	Spanish	Parent	7:00 AM - 1:30 PM (M - F)
	8	92115	Female	Hispanic, English	Spanish	Parent	7:00 AM - 5:00 PM (M - F)
	11	92115	Male	Latino	English	CDA	8:00 AM - 6:00 PM (M - F)
	9	92115	Female	Latino, English	English	CDA	8:00 AM - 6:00 PM (M - F)
	6	92115	Male	Latino, English	Spanish, English	YMCA	12:00 PM - 05:30 PM (M - F)
	10	92115	Male	Latino, English	Spanish, English	YMCA	12:00 PM - 05:30 PM (M - F)
AS	No Children Enrolled						
LT	1	92102	Male	Hispanic	Spanish	Chicano	9:00 AM - 3:30 PM (M - F)
	2	91945	Female	Hispanic	Spanish	Chicano	9:00 AM - 3:30 PM (M - F)
	2	91945	Female	Hispanic	Spanish	Chicano	9:00 AM - 3:30 PM (M - F)
	1	92115	Female	Hispanic	Spanish	YMCA	7:00 AM - 5:30 PM (M - F)
LZ	12	91977	Female	Mexican	Spanish, English	CDA	4:30 AM - 4:30 PM (M - F)
	5	92103	Female	Mexican	Spanish, English	Cash	8:30 AM - 1:00 PM (M - F)
	5	91977	Female	Mexican	Spanish	Cash	8:30 AM - 3:30 PM (W, TH, F)

During intake, 10 out of 15 providers had children enrolled in their childcare. There was a total of 39 children enrolled, 22 of which were female and 17 of which were male. Nine of the providers were open during weekdays while one was open Monday through Saturday. The age range of the children enrolled vary between 5 months to 13 years. The children reside in the following zip codes: 92102 (2), 92020 (2), 92103 (1), 92105 (8), 92113 (1), 92114 (9), 92115 (8), 91945 (2), and 91977 (6). Five of the children were African, 2 were African American, 2 were White, 6 were Latino, 3 were both Latino and English, 13 were Hispanic, 5 were both Hispanic and English, and 3 were Mexican. Seven of the children spoke English, 13 spoke Spanish, 12 were bilingual in both Spanish and English and 5 spoke Nigerian. The providers received payments from the YMCA (7), CDA (17), Parents (7), Cash (5), and Chicano Federation (3).



Horn of Africa							
Provider Name	Age of Children in Care	Zip Code	Gender	Ethnicity	Language	Voucher	Hours in Care
AA	8	91977	Male	Somali	Somali	YMCA	5:00 AM - 9:30 PM (M - F)
	5	91977	Male	Somali	Somali	YMCA	5:00 AM - 9:30 PM (M - F)
	6	91977	Female	Somali	Somali	YMCA	5:00 AM - 9:30 PM (M - F)
	2	91977	Female	Somali	Somali	YMCA	5:00 AM - 9:30 PM (M - F)
HC	12	92020	Male	Asian	Arabic	CDA	3:45 PM - 6:00 PM (M - TH)
	6	92020	Female	Asian	Arabic	CDA	3:45 PM - 6:00 PM (M - TH)
	5	92020	Male	Asian	Arabic	CDA	3:45 PM - 6:00 PM (M - TH)
	1	92020	Female	Asian	Arabic	CDA	3:45 PM - 6:00 PM (M - TH)
AH	9	92105	Female	Somali	Somali	CDA	07:00 PM - 10:30 PM (M - SUN)
	11	92105	Female	Somali	Somali	CDA	07:00 PM - 10:30 PM (M - SUN)
	11	92105	Female	Somali	Somali	CDA	07:00 PM - 10:30 PM (M - SUN)
NM 1	No Children Enrolled						
SM	11	92105	Female	Oromia	English	CDA	01:00 PM - 11:00 PM (M - SUN)
	10	92105	Female	Oromia	English	CDA	01:00 PM - 11:00 PM (M - SUN)
	7	92105	Female	Oromia	English	CDA	01:00 PM - 11:00 PM (M - SUN)
	2	92105	Female	Oromia	English	CDA	01:00 PM - 11:00 PM (M - SUN)
AM	12	92105	Male	Somali	Somali, English	CDA	7:50 AM - 3:00 PM (M - TH)
	10	92105	Male	Somali	Somali, English	CDA	7:50 AM - 3:00 PM (M - TH)
	8	92105	Male	Somali	Somali, English	CDA	7:50 AM - 3:00 PM (M - TH)
	6	92105	Male	Somali	Somali, English	CDA	7:50 AM - 3:00 PM (M - TH)
FM	12	92115	Female	Somali	English	YMCA	3:30 PM - 8:30 PM (M - F)
	9	92115	Male	Somali	English	YMCA	3:30 PM - 8:30 PM (M - F)
	7	92115	Female	Somali	English	YMCA	3:30 PM - 8:30 PM (M - F)
	2	92115	Female	Somali	English	YMCA	3:30 PM - 8:30 PM (M - F)
MM	6	92105	Male	Somali	Somali	CDA	3:30 - 9:00 PM (M - TH)
	11	92105	Female	Somali	Somali	CDA	3:30 - 9:00 PM (M - TH)
NM 2	No Children Enrolled						
SM	8	92105	Male	Somali	Somali	CPG	04:00 AM - 10:00 PM (M - TH) 07:00 AM - 03:00 PM (S - SUN)
FM	No Children Enrolled						
FO	12	92105	Female	Somali	English	YMCA	2:00 PM - 10:00 PM (M - F)
	10	92105	Male	Somali	English	YMCA	2:00 PM - 10:00 PM (M - F)
	8	92105	Male	Somali	English	YMCA	2:00 PM - 10:00 PM (M - F)
AS	11	91942	Female	Somali	Somali	YMCA	2:30 PM - 10:30 PM (M - F)

	9	91942	Female	Somali	Somali	YMCA	2:30 PM - 10:30 PM (M - F)
	7	91942	Male	Somali	Somali	YMCA	2:30 PM - 10:30 PM (M - F)
	3	91942	Female	Somali	Somali	YMCA	2:30 PM - 10:30 PM (M - F)
	1	91942	Female	Somali	Somali	YMCA	2:30 PM - 10:30 PM (M - F)
HS	11	92105	Male	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
	10	92105	Female	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
	9	92105	Male	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
	6	92105	Male	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
	4	92105	Female	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
	2	92105	Female	Sudanese	Arabic	CDA	2:00 PM - 10:00 PM (M - F)
FT	7	92105	Male	Somali	English	CDA	8:00 AM - 4:00 PM (M - F)
	6	92105	Male	Somali	English	CDA	8:00 AM - 4:00 PM (M - F)
	2	92105	Male	Somali	English	CDA	1:00 PM - 9:00 PM (M - F)

During intake, 12 out of 15 providers had children enrolled in their childcare. There was a total of 43 children enrolled, 26 of which were female and 17 of which were male. Six of the providers are open from Monday through Friday, three of the providers are open Monday through Thursday, and three of the providers are open Monday through Sunday. The age range of the children enrolled varies between one through 12 years. Children reside in the following zip codes: 91977 (4), 92020 (4), 92105 (26), 92115 (4), and 91945 (5). Twenty-nine of the children were Somali, 4 were Asian, 4 were Oromia, and 6 were Sudanese. Fifteen of the children spoke Somali, 13 spoke English, 4 were bilingual in both Somali and English, and 10 spoke Arabic. Providers received payments from the YMCA (16), CDA (26), and CPG (1).

It is important to note that the children's demographic information represents children enrolled at the beginning of the project period. How to best measure changes in enrollment was a gap identified during data analysis, and this gap was intensified because of staffing changes in the middle of the project period. To address this issue, the STEPS team developed an enrollment log that is completed each month by providers and reviewed during bi-monthly team meetings (see Appendix H).

Enrollment Information

Chicano Federation				
Provider Name	Licensed Capacity	Number of Children: Beginning of Program	Number of Children: End of Program	Notes
AA	14	5	7	gained 2
OA	8	0	Dropped program	N/A
LA	8	0	1	gained 1
LD	8	5	8	gained 3
RI	8	5	5	no change
KM	14	3	12	gained 9
HM	8	3	3	no change
EM	8	0	Closed childcare	N/A
GP (GV)	8	2	10	gained 8
MR 1	8	0	2	gained 2
MR 2	8	3	4	gained 1
EF	14	6	5	dropped 1
AS	8	0	0	no change
LT	8	4	3-Dropped program	dropped 1
LZ	8	3	6	gained 3

Eight of the providers increased their enrollment during the project period. Three of the providers served by Chicano Federation did not enroll any children during the grant period, 8 providers increased their enrollment numbers, 2 providers decreased their enrollment numbers, and 3 providers sustained their enrollment numbers. OA left the profession and started another job approximately halfway through the project and therefore dropped from the program without completing the classes. EM completed the program but was not able to enroll any children because she was also working at a hotel and could not find the time to work on her childcare business. AS completed the program but was unable to enroll children into her program. The cultural navigator is not clear on the reason why AS could not enroll any children. LT dropped from the program after completing the classes and business plan. She does not want to be contacted further. KM applied for a large license and was approved for the 14 children license.

Horn of Africa				
Provider Name	Licensed Capacity	Number of Children: Beginning of Program	Number of Children: End of Program	Notes
AA	8	4	4	no change
HC	14	4	Moved out of state	N/A
AH	8	3	Moved out of state	N/A
NM 1	14	0	0-Dropped program	N/A
SM1	8	4	4-Dropped program	N/A
AM	8	4	4	no change
FM	8	4	4	no change
MM	8	2	2	no change
NM 2	8	0	0	no change
SM2	8	1	1	no change
FM2	14	0	0-Closed childcare	N/A
FO	8	5	5	no change
AS	8	5	5	no change
HS	14	6	8	gained 2
FT	8	3	3	no change

Three of the providers from Horn of Africa served no children during the project period and closed their child care. NM 1 was unable to recruit children into her program. She contacted the YMCA but did not receive any referrals. She also asked members of her community if they were aware of families needing care, but this was also unsuccessful. The cultural navigator shared that many families don't need childcare because a family member is not working because of COVID and is available to care for the children. NM1 dropped from the program after completing the classes and business plan. NM2 completed all classes but decided to focus her time on another business idea. NM2 would still like to enroll children if given the opportunity. FM2 was unable to enroll children because of health reasons. FM2 closed their childcare after completing the classes and business plan. HC moved out of state after completing the classes but was not able to complete the business plan. AH also moved out of state after completing the classes and business plan. SM1 dropped from the program after completing the classes and business plan.

Although providers from Horn of Africa did not experience significant increases in enrollment, it is notable that providers were able to keep their enrollment consistent and provide stability for children and families, a critical indicator of the success of the program.

Financial Information: Schedule C

Our past experiences collecting tax data for previous STEPS cohorts suggested that collecting Schedule C (Form 1040) tax data from providers would provide useful information about the provider's financial status. The Schedule C represents income or loss from a business operated as a sole proprietor. Filing a Schedule C is first an indicator of operating the childcare business. For this report only Gross Income over time is reported. Net Profit or Loss is not reported because it has been determined that there is high variability in the reporting of expenses and methods used to determine a total expense for business use of home.

Chicano Federation

Nine providers submitted a Schedule C for 2020 to the evaluation team. Five providers did not submit a Schedule C for 2020 and one provider submitted a letter of extension for her taxes. Of the five providers that did not submit a Schedule C, one later dropped from the program, and one closed their childcare. No explanation was given as to why the other four providers did not submit a Schedule C.

Six providers submitted a Schedule C for 2021 to the evaluation team. Two providers dropped from the program, one provider closed their childcare business and five wrote a letter of extension. Explanations for the providers that dropped the program and closed their childcare are discussed in the previous enrollment section. It should be noted that LT completed the program but did not want to submit their taxes and no longer wanted to be contacted. The reasons for extension varied: one was waiting to hear back from her accountant, another found a mistake in their taxes and was waiting for the revision, and another was waiting for a missing form from their husband.

Chicano Federation			
Provider Name	Gross Income 2020	Gross Income 2021	Change
AA	\$64,540	\$77,643	\$13,103
OA	No Schedule C	Dropped program	-
LA	No Schedule C	Letter of Extension	-
LD	\$96,147	\$97,573	\$1,426
RI	\$40,216	\$58,860	\$18,644
KM	\$52,890	Letter of Extension	-
HM	\$79,415	\$89,495	\$10,080
EM	No Schedule C	Closed Childcare	-
GP (GV)	Letter	Letter of Extension	-
MR 1	No Schedule C	No Schedule C	-
MR 2	\$12,838	\$26,766	\$13,928
EF	\$15,735	Letter of Extension	-
AS	\$11,207	\$5,000	-\$6,207
LT	\$57,075	Dropped program	Did not want to be contacted
LZ	No Schedule C	Letter of Extension	-
Note: Tax information was retried from Schedule C line 7			

Horn of Africa

Twelve providers submitted a Schedule C for 2020 to the evaluation team. Two providers did not file taxes in 2020, and one did not file a Schedule C. One of the providers that did not file their taxes later dropped from the program and the other later closed their childcare. Explanations for the providers that dropped the program and closed their childcare are discussed in the previous enrollment section.

Nine providers submitted a Schedule C for 2021 to the evaluation team. Three additional providers dropped from the program and one provider closed their childcare business. Explanations for the providers that dropped the program and closed their childcare are discussed in the previous enrollment section. Another provider submitted a transcript of their taxes in 2020 and 2021 that indicated a Schedule C was filed, but they were not able to submit the Schedule C form to the research team.

Horn of Africa			
Provider Name	Gross Income 2020	Gross Income 2021	Change
AA	\$32,584	\$46,868	\$14,284
HC	Did Not File Taxes	Moved out of state	-
AH	\$76,517	Moved out of state	-
NM 1	\$46,151	Dropped program	-
SM 1	\$104,534	Dropped program	-
AM	\$50,886	\$44,740	-\$6,146
FM 1	\$1,291	\$41,596	\$40,305
MM	\$39,366	\$27,503	-\$11,863
NM 2	No Schedule C	No Schedule C	-
SM 2	\$13,106	\$19,952	\$6,846
FM 2	Did Not File Taxes	Closed childcare	-
FO	\$84,676	\$88,562	\$3,886
AS	\$74,448	\$51,885	-\$22,563
HS	\$105,244	\$107,986	\$2,742
FT	\$33,579	\$20,600	-\$12,979
Note: Tax information was retrieved from Schedule C line 7			

Pre-and-Post Training Evaluation Data

Outcome Measure: STEPs participants develop skills and knowledge for strengthening participant's FCC business.

Outcome Measure: STEP's participants will develop financial literacy knowledge for U.S. banking, budgeting, and credit systems.

To assess these outcomes, providers were asked to answer a series of questions related to the course topic prior to the start of class. They then answered the same questions at the end of class to measure knowledge acquisition.

Chicano Federation		
Training Topic	Advisor	% Increase in Average Score
Digital Literacy 101	Nicole	23%
Financial Literacy 101	Financial Literacy Team	13%
Financial Literacy 102	Financial Literacy Team	21%
Business 101	Ana	18%
Business 102	Ana	32%
Marketing 101	Ana	15%
Marketing 102	Ana	29%
Bookkeeping	Ana	3%
Tax Ready	Hayder	9%
Food Nutrition	Viviana CF	33%
Parent Contract	Abdul	5%
Adapting in Home	Ana	0%
Child Development 101	Afal	-3%
QRIS (SD-QPI)	Blanca (SD-PQI)	13%
Child Development 102	Abdul	9%

Horn of Africa		
Training Topic	Advisor	% Increase in Average Score
Digital Literacy 101	Nicole	16%
Financial Literacy 101	Financial Literacy Team	6%
Financial Literacy 102	Financial Literacy Team	5%
Business 101	Kellie/Marzia	17%
Business 102	Kellie/ Marzia	19%
Marketing 101	Mohamed/May	-1%
Marketing 102	Mohamed /May	13%
Bookkeeping	Gokcen	6%
Tax Ready	Hayder	15%
Food Nutrition	Zarai CF	19%
Parent Contract	Abdul	9%
Adapting in Home	Marzia	5%
Child Development 101	Afal	5%
QRIS (SD-QPI)	Blanca (SD-PQI)	5%
Child Development 102	Abdul	9%

Pre-and-post data from the training series demonstrated increases in skills and knowledge related to strengthening provider's FCC business. Data also indicated increases in financial literacy knowledge for U.S. banking, budgeting, and credit systems. Although the small sample size does not allow for statistical analysis, results from the pre-and-post evaluation data suggest the efficacy of the STEPS program in increasing provider skill level and knowledge. Success in meeting these outcomes is also demonstrated in the provider testimonials found in Appendix A. The training in which providers' knowledge increased the most dramatically were Marketing 102, Digital Literacy, and Food Nutrition.

IRC staff have suggested that no change, a decrease in average score, and/or a low percentage of change in score from pre to post-test could be due to the providers' misunderstanding of the questions posed. It is recommended that subsequent iterations of STEPS should carefully revise pre and post assessments to ensure the validity of the data. Increases in knowledge were higher for providers from Chicano Federation and this could be because they were more comfortable with the online learning format than were providers from Horn of Africa.

Business Plan

Outcome Measure: STEPs participants develop a personalized one-year FCC business development plan to further increase the revenue and quality of their FCC business.

Chicano Federation		Horn of Africa	
Provider Name	Status	Provider Name	Status
AA	Completed	AA	Completed
OA	Not Completed	HC	Not Completed
LA	Completed	AH	Completed
LD	Completed	NM1	Completed
RI	Completed	SM	Completed
KM	Completed	AM	Completed
HM	Completed	FM	Completed
EM	Completed	MM	Completed
GP (GV)	Completed	NM2	Completed
MR	Completed	SM	Completed
MR	Completed	FM2	Completed
EF	Not Completed	FO	Completed
AS	Completed	AS	Completed
LT	Completed	HS	Completed
LZ	Completed	FT	Completed

In total, twenty-seven STEPs providers (90%), completed personalized business plans. OA did not complete a business plan because she dropped from the program and the remaining two providers are in the process of completing their business plan.



Provider Access to Resources

Outcome Measure: Access available resources, including grants and capital that will enable them to sustain their business throughout the pandemic.

This outcome was measured using multiple data points, including a document analysis of contact logs and review of an internal milestone report provided by IRC.

Contact logs were used by navigators to document and follow-up on referrals made to providers. Each item in the tables below represents the frequency in which navigators were successful in helping a provider obtain assistance.

Chicano Federation	
Resources	Status
Chromebook	15:15 received
IRC tax assistance	7:7 received
Nutrition Program	1:1 received
Diapers	3:3 received
Support with IRC classes	10:10 received
Toys from SDSU's Curriculum Project	1:1 received
Event to assist with back to school	1:1 received
Technical Assistance	3:3 received
Assistance Filling Out Forms	7:7 received
QPI information	4:4 received
IPT lists	1:1 received
Referrals for YMCA and CDA	1:1 received
IRC Resource	2:2 received
Backpacks for Back to School	2:2 received
Business Card Assistance	5:5 received
IRC Financial Assistance	1:1 received
Business Plan Assistance	5:5 received
HOA Information	1:1 received

Horn of Africa	
Resources	Status
Chromebook	15:15 received
Indeed Link for Job Application	1:1 applied
Rental Assistance	1:1 applied
Staffing Agency	2:2 applied
Diapers	12:15 received; 3:15 declined
Met with a Business Counselor	15:15 received
Rental Assistance	3:3 received
IRC Flyers and Business Card	2:2 received
\$25 Gift Card from IRC	15:15 received
IRC Tax Assistance	11:11 received
Southwestern Child Development Class	8:8 received
Technical Assistance	2:2 received
4 th FCC Curriculum Kit (SDSU)	8:8 received
Grant	1:1 applied
PPP Loan Link	1:1 applied
FCC Social Emotional Kit (SDSU)	8:8 received
\$3,500 IRC Stipend	11:11 received
FCC Toys (SDSU)	7:11 received; 4:11 declined
YMCA grant	2:2 received
COVID 19 grant	3:3 applied
San Diego Foundation Grant	5:8 applied; 3:8 did not quality
FCC STEM Training (SDSU)	7:8 attended 1:8 did not attend
FCC Sensory Kit (SDSU)	8:8 received
FCC STEM Kit (SDSU)	3:3 received
IRC Resources	1:1 received
Counselor Contact Information	3:3 received
IRC Facebook Group	1:1 received
COVID 19 Burial Assistance	1:1 received
FEMA Assistance	1:1 received
Internet Assistance	2:2 received
CPR Renewal	1:1 applied
Translator	1:1 received
Time Sheet Assistance	1:1 received

IRC also provided data from their internal milestone report to capture provider access to resources. According to this report, providers received a total of **\$241,400** in grant funding during the project period.

Chicano Federation		
Provider Name	Funding Type	Amount
AA	City of San Diego Small Business & Nonprofit Relief Fund	\$5,000
	ARPA	\$3,500
EF	ARPA	\$3,500
LT	Small Business Stimulus Grant	\$5,000
	City of San Diego Small Business & Nonprofit Relief Fund	\$5,000
	ARPA	\$3,500
LZ	ARPA	\$3,500
MR1	State or local grant	\$3,500
MR2	State or local grant	\$3,500
LA	State or local grant	\$3,500
LD	Small Business Stimulus Grant	\$5,000
	City of San Diego Small Business & Nonprofit Relief Fund	\$5,000
	ARPA	\$3,500
GV (GP)	City of San Diego Small Business & Nonprofit Relief Fund	\$5,000
	ARPA	\$3,500
RI	Small Business Stimulus Grant	\$5,000
	City of San Diego Small Business & Nonprofit Relief Fund	\$5,400
	ARPA	\$3,500
KM	City of San Diego Small Business & Nonprofit Relief Fund	\$5,000
TOTAL		\$80,400

Providers from Horn of Africa received **\$161,000** in grant funding during the project period.

Horn of Africa		
Provider Name	Funding Type	Amount
MM	State or local grant	\$3,500
	Other grant	\$5,000
AM	COVID 19 Paycheck protection program (SBA)	\$20,000
FM	State or local grant	\$3,500
	COVID 19 Paycheck protection program (SBA)	\$20,000
TF	State or local grant	\$3,500
	COVID 19 Paycheck protection program (SBA)	\$22,000
AA	State or local grant	\$3,500
	COVID 19 Paycheck protection program (SBA)	\$9,000
NM1	State or local grant	\$5,000
NM2	State or local grant	\$3,500
	State or local grant	\$3,500
	Other grant	\$9,000
MF	State or local grant	\$3,500
FO	COVID 19 Paycheck protection program (SBA)	\$26,500
SH	State or local grant	\$15,000
	State or local grant	\$5,000
TOTAL		\$161,000

IRC staff provided several reasons as to why providers from Chicano Federation received significantly less grant funding than those from Horn of Africa. Three providers indicated that they received assistance from other organizations in the community and did not feel comfortable disclosing this information to IRC, which may have been the result of staffing changes at IRC and the need to build trusting relationships. One of the providers indicated that she was not eligible to receive loans. Another possible explanation is that FCC providers were not selected as grant recipients.

Information about provider participation in the San Diego Quality Preschool Initiative is forthcoming. This information was requested in January 2022 from The San Diego County Office of Education.



Testimonials

Chicano Federation	
Provider Name	Testimony
AA	"With the STEPS program I reinforced a lot of things I knew about my business but I also learned how to organize myself better, especially with my expenses and how to separate the home expenses and the child care expenses."
LA	"I am learning a lot about the things I can do. Thank you for the computer. I was very nervous to use the computer, but now I am not scared to learn new things."
KM	"Thanks to all my classes I learned to believe in myself. I applied for the big license (14 children). I learned so much in the STEPS program that if the program starts again I would enroll again in the program. Norma makes me feel at ease when she calls, it's like having therapy."
GP (GV)	"The STEPS program help me learn that I needed to be more organized with the way I spend the money in my day care and in my home. Thank you for being patient with me."
LT	"I loved participating in the STEPS program because I am learning how to use the computer. I was super excited when I got the computer. At first, I was very scared of using the computer because I am not good at it. Now I feel more comfortable with the computer, and I practice on the computer all the time."

Horn of Africa	
Provider Name	Testimony
AA	"I really enjoyed learning the new materials which helped me learn new set of skills. I especially learned budgeting, bookkeeping, and some computer skills because I was not comfortable with computers before. I also love the FCC project toys because it saved me a lot of money for toys.
AH	"I loved the program and the Chromebook. I learned a lot of business ideas and how to develop concepts to run a successful business.
AM	"I love asking questions and giving comments because that is how I learn. My participation of the FCC project helped me learn a lot about business and how it works.
FM	I loved the classes because I learned lots of business concepts that I did not know before, especially with tax and how to deduct the spaces. The kids in the care love the kits from the FCC project. I also thought getting the Chromebook and the stipend was helpful. Overall, I believe the project was needed by the community.
MM	"I gained a lots of knowledge about business ideas and especially tax deductions. These will help me save money when I file my taxes in the future. The kids are now utilizing the toys and enjoy sharing them.
NM 2	"I learned lots of skills and I went through the process of making business plan of my own. This is a skill that I will use for the rest of my life as I envision myself starting other businesses in the near future. I really like the Chromebook and the toys from the FCC project."
SM	"I loved the idea of each participants to get their own Chromebook. I'm using the Chromebook and feel comfortable with a laptop. I learned how to receive and send documents with the help of the Navigator. The toys idea was really great as well as many participants didn't know which toys were appropriate for each age group. The kids enjoy playing with the toys.
FM	"I believe the program was great idea and I learned a love of business ideas. Unfortunately, my Chromebook broke in the middle of the program so I was using my sons computer to finish the program.
FO	" I enjoyed working with children as I adore kids in general. Even though I also have another job, I loved this program from beginning to end. I also saved money with the toys, Chromebook, and the stipends really helped.

AS	"I really enjoyed the class and learned a lot. I participated in the FCC program and received the first four kits. The toys idea was great as my daughter loves them.
HS	"I loved using the Chromebook and FCC toys. It gives me great satisfaction when I see kids I'm taking care of using the toys and developing their minds at the same time.
FT	"As a provider, I found the Chromebook and toys really helped me. I'm now using the Chromebook everyday for my business and learned a lot about toys and their usefulness in the development of children. I did my business class with help of the Navigator.

Summary and Next Steps

This section provides an overview of lessons learned during Year 2 of the STEPS project, as well as recommendations for how the project can streamline processes as the project continues to expand and evolve. The appendices document changes to the evaluation plan and data collection tools made by the STEPS team as it engaged in continuous improvement efforts and reflected on opportunities and gaps identified during data analysis.

A key, and critical, finding from the demographic data is that FCC providers who participated in the STEPS program, except for those who did not serve children, were able to remain open and provide stability for children and families during a global pandemic. This finding is especially noteworthy given the [childcare sector, including FCC, is in crisis](#). Because of assistance from IRC business counselors and the cultural navigators, providers received a total of **\$241,400** in grant funding during the project period that enabled them to sustain, and in some cases grow, their business during the pandemic.

Other important findings identified by the data include:

- Similar to STEPS Year 1, providers from HOA did not access funds from the California Adult Child Food Program (CACFP). This finding is in line with focus group data used to inform the development of the STEPS project, which highlighted cultural disconnects between CACFP and community food preferences and difficulties completing paperwork requirements.
- Providing trainings in a virtual format was challenging, especially for HOA providers.
- Although continued engagement with Year 1 participants was low, providers did reach out to cultural navigators when they needed assistance.

Future Directions

- Reconsider how evidence of financial outcomes is assessed to ensure data is valid and reliable. This is especially essential for tax data. A revised evaluation plan is provided in Appendix A. This evaluation plan is currently being used with STEPS Year 3, Barrio Logan Year 2, and STEPS East County.
- Attend to communication and data collection systems to ensure consistency and reliability of data. This includes ongoing data checks and professional development for cultural navigators.
 - Bi-monthly meetings with navigators and program staff have recommenced, and a portion of these meetings is spent reviewing data for accuracy, gaps, and opportunities.
 - The STEPS team has worked together to revise several of the data collection tools (see Appendices, B-F) to ensure accurate data collection.
 - Navigators have been trained on how to complete contact logs to ensure consistency across groups and ensure services and supports are documented.
 - STEPS teams are currently analyzing pre and post assessments to ensure validity of data.
- Continue to integrate systems and communication across STEPS partners. For example, the use of IRC's milestone report to measure provider access to resources was extremely helpful, and the East County STEPS project is currently exploring how IRC's existing data collection platform can be utilized to streamline data collection.

In sum, data analysis for STEPS Year 2 demonstrates the efficacy of the project. Findings have been used to make improvements to how data is collected, and the cultural navigators have been particularly helpful in informing this process. Relationships between the agencies involved in this project have been strengthened, and the team and the work continue to evolve and improve as the project expands.

Appendix A - Revised STEPS Evaluation Plan

Data	Data Collection Tool/Method
Demographic info	<p>Tool: Intake form.</p> <p>Method: Navigators complete intake form at enrollment and submits to CEED</p> <p>NOTE: STEPS Year 3 will use revised form that includes CBDG information. All others will use the original intake form.</p>
FCC files taxes as a business that was operated or profession that was practiced as a sole proprietor	<p>Tool: Schedule C for multiple years.</p> <p>Method: Navigators collect Schedule C from providers in May 2022 and May 2023 and submit to CEED. This data is recorded as Yes/No to indicated if they have completed schedule C (like business plan) and for those who have a Schedule C, profit/loss will entered into a table for analysis.</p>
FCC provider plans for business stability and growth	<p>Tool: Completed business plan.</p> <p>Method: IRC initiates and helps providers complete. IRC submits business plan to CEED for document review. CEED works with IRC to develop timeline for update of business plan.</p>
FCC provider's knowledge of allowable deductions	<p>Tool: Newly designed pre and posttest measuring provider knowledge of allowable deductions.</p> <p>Method: IRC administers in conjunction with Taxes for Family Care Providers class.</p>
FCC provider's knowledge and skills of financial literacy, digital literacy, tax prep, child development, child nutrition, etc (STEPS classes).	<p>Tool: Pre and posttest for Financial Literacy 101 & 102 and all other assessments from STEPS program.</p> <p>Method: IRC administers in conjunction with class.</p>

<p>Knowledge of and access to available capital that will help FCC providers sustain their business. Number/\$ amount of capital opportunities, capital opportunities providers apply for, capital opportunities received</p>	<p>Tool: Videos, training, IRC newsletter with capital opportunities, capital applied for, capital received are logged in contact logs and milestone reports. Method: Navigators provide information to providers and record data in contact logs. (Mae to train navigators on collecting this information); Milestone report from IRC submitted to CEED</p>
<p>Enrollment numbers; Percent capacity</p>	<p>Tool: Spreadsheet of monthly enrollment numbers. Method: Navigators input enrollment numbers every 2 weeks. (Mae to develop spreadsheet to track enrollment)</p>
<p>Overall experience with the program</p>	<p>Tool: Focus groups with providers Method: Navigators and CEED staff plan and implement focus groups using modified version of Children's Council protocol (when funding is available)</p>

Appendix B - Intake Form - No CDBG Funding



Baseline Data

Agency:

Provider Name:

Provider Address:

Provider Zip Code:

License Number:

License Capacity:

Date First Obtained License:

Provider Gender:

Provider Ethnicity:

Primary Language Spoken by Provider:

Number of Years in United States:

Do you currently participate in the California Adult Child Food Program (CACFP)?

Yes

No

Desired Number of Children: How many infants, preschool, and school age children do you want?

Infants:

Preschool:

School Age:



Financial Information

- Gross Income from 2019 Tax Return**
- Net Income from 2019 Tax Return**
- Most Recent 1099 (please attach)**

Appendix C - Intake Form with CBDG Funding



INTAKE FORM

Personal information requested below is confidential and will remain internal. We collect information directly from you with your permission as required by those funding our programs. As such, this information is required as it allows us to provide services free of charge and better understand the need of our clients.

PARTICIPANT CHECKLIST

This checklist is provided as a guide for the most vital documentation and information needed to participate and complete the program.

- Complete STEP's Intake Form (Must be submitted before starting the program).
- Copy 2021 Tax Return (A requirement of the program is to provide your federal income tax. When you file your taxes, you will be required to provide us with a copy).
- Copy 2022 Tax Return (A requirement of the program is to provide your federal income tax. When you file your taxes, you will be required to provide us with a copy).

STEPS BASELINE DATA

AGENCY NAME	<input type="text"/>	OWNERSHIP %	<input type="text"/>
PROVIDER NAME	<input type="text"/>		
PROVIDER ADDRESS	<input type="text"/>		
	ADDRESS		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	STATE	ZIP CODE
LICENSE NUMBER	<input type="text"/>	LICENSE CAPACITY	<input type="text"/>
DATE FIRST OBTAINED LICENSE	<input type="text"/>	/	<input type="text"/>
	D	D	M
			M
			Y
			Y
			Y
			Y



PROVIDER GENDER PROVIDER ETHNICITY

PRIMARY LANGUAGE SPOKEN BY PROVIDER

NUMBER OF YEARS IN THE UNITED STATES

PROVIDER EMAIL

PROVIDER PHONE NUMBER () -

PREFERRED METHOD OF CONTACT

Do you currently participate in the California Adult Child Food Program (CACFP)? YES NO

NUTRITION PROGRAM

Is the provider taking care of their own children? If **yes**, how many of their own children are in their care?

What is the total number of children enrolled in the providers childcare?

Desired number of children: How many infants, preschool, and school age children do you want?

INFANTS PRESCHOOL SCHOOL AGE



CHILDREN ENROLLED									
Child	Days in Care	Hours in Care	Payment Type	Gender	Age	Ethnicity	Languages Child Speaks	Zip Code	Is this the providers own child?
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

CDBG PERSONAL INFORMATION

PROVIDER DATE OF BIRTH / /

D D / M M / Y Y Y Y

RACE

- American Indian / Alaska Native
- Black / African American
- White
- Asian & White
- American Indian / Alaskan Native & Black / African American
- Asian
- Native Hawaiian / Other Pacific Islander
- American Indian / Alaskan Native & White
- Black / African American & White
- Other Multiracial

ETHNICITY

- Hispanic or Latino
- Non-Hispanic or Non-Latino

GENDER

- Female
- Male
- Non-Binary

**MARITAL STATUS**

- Single
- Married
- Separated
- Divorced
- Widowed

HOUSING STATUS

- Homeowner
- Renter - Subsidized
- Renter - Unsubsidized
- Homeless
- Don't Know

ORIGINAL U.S. STATUS

- Asylee
- SIV
- U.S. Citizen
- Refugee
- Permanent Resident
- Other

CURRENT U.S. STATUS

- Asylee
- SIV
- U.S. Citizen
- Refugee
- Permanent Resident
- Other

ENGLISH LANGUAGE SKILLS

- None Little Conversational Proficient Native

CDBG EDUCATION & SKILLS

Years of education completed at enrollment (outside of the USA).

Years of education completed at enrollment (in the USA).

Are you currently a student? YES NO If **yes**, where?

Do you have a HS Diploma? YES NO



CHECK BOX IF COMPLETED:

<input type="checkbox"/> None	<input type="checkbox"/> Graduate School
<input type="checkbox"/> Primary	<input type="checkbox"/> University College
<input type="checkbox"/> Secondary	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Some University / College	

Please describe any formal training (vocational, certifications, on the job training):

CDBG INCOME INFORMATION

WORK STATUS

Full Time
 Part Time
 Unemployed
 Retired
 Disabled
 Other

Are you the head of the household? YES
 What is the number of **adults** living in the household?
 NO
 What is the number of **children** living in the household?



Please list names of household members, relation to you, and any source of income they may have:

Household Size	Name (first and last)	Relationship to Head of Household (self, spouse, child, parent, sibling, other, etc.)	Annual Income <small>(from all sources: pay stubs, W-2 forms, proof of SSI / Pension, cash aid, unemployment, etc.)</small>	
			\$	Source(s):
Head of Household			\$	Source(s):
Household Member 2			\$	Source(s):
Household Member 3			\$	Source(s):
Household Member 4			\$	Source(s):
Household Member 5			\$	Source(s):
Household Member 6			\$	Source(s):
Household Member 7			\$	Source(s):
Household Member 8			\$	Source(s):
Annual Household Income Total:	5			

ARE YOU CURRENTLY RECEIVING BENEFITS FROM:

- Medi-Cal
- CalWorks (Cash Assistance)
- Cal Fresh (Food Stamps)
- SSI (over 65)
- SSI Disability
- WIC
- Low Income Health Program (LIHP)
- Housing Assistance
- Not Applicable

1. What is the sum of your total monthly expenses (rent, utilities, transportation, etc.)? \$

2. What is your total monthly income (employment + benefits)? If you do not received benefits please write N/A and skip to the next question.



3. What is your total monthly income earned income (income from work)? If you are not employed by a company or organization please write N/A.

CDBG BUSINESS INFORMATION

COMPANY STATUS

Pre-Venture / Nascent

Start-Up
(in business < 1 year)

In Business
(in business > 1 year)

ORGANIZATION TYPE

Corporation

Nonprofit Organization

Sole Proprietorship

Limited Liability

Partnership

Sub S Corporation

Number of Full-Time Employees
(include yourself if applicable):

Number of Part-Time Employees
(include yourself if applicable):

Is your business address the same as your home address? YES NO

BUSINESS ADDRESS
(if different than your home address)

<input type="text"/>		
ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

Do you have a business license?

YES NO

Do you have a business card?

YES NO

Do you have a business bank account?

YES NO

Do you have a business website?

YES NO

Are you currently enrolled in the San Diego Quality Preschool Initiative (SDQPI) Program? YES NO

HOW WOULD YOU RATE YOUR CREDIT?

Very Bad (300 - 599)

Fair (650 - 699)

Very Good (750 - 799)

Poor (600 - 649)

Good (700 - 749)

Excellent (800 - 850)



What is your **total gross income** earned from your business / self-employment? \$

Do you use a profit and loss statement and cash flows to manage your finances? YES NO

CDBG NEEDS ASSESSMENT

SERVICES NEEDED

(choose all applicable):

- | | |
|--|---|
| <input type="checkbox"/> Emergency Clothing Assistance | <input type="checkbox"/> Financial Capabilities Skills |
| <input type="checkbox"/> Emergency Food Distribution | <input type="checkbox"/> Tax Preparation |
| <input type="checkbox"/> Emergency Hygiene Assistance | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Emergency Loan | <input type="checkbox"/> Adult Basic Education |
| <input type="checkbox"/> English Language Skills | <input type="checkbox"/> GED Assistance |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Before & After School Activities |
| <input type="checkbox"/> Job Search / Readiness | <input type="checkbox"/> Wellness Activities |
| <input type="checkbox"/> Job Placement Assistance | <input type="checkbox"/> Other: <input type="text"/> |

I, , certify that all the information provided is true to the best of my knowledge.

Signature of Applicant

Date

FOR STAFF USE ONLY

INCOME LEVEL
(please consult the HUD income categories)

Extremely Low Income
 Very Low Income
 Low-Moderate Income

Appendix D - Schedule C Form

SCHEDULE C (Form 1040) Department of the Treasury Internal Revenue Service (95)	Profit or Loss From Business (Sole Proprietorship) ▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. ▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.	OMB No. 1545-0074 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2021</div> Attachment Sequence No. 09
Name of proprietor _____		Social security number (SSN) _____
A Principal business or profession, including product or service (see instructions) _____		B Enter code from instructions _____
C Business name. If no separate business name, leave blank. _____		D Employer ID number (EIN) (see instr.) _____
E Business address (including suite or room no.) ▶ _____ City, town or post office, state, and ZIP code _____		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2021, check here <input type="checkbox"/>		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part I Income		
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	
Part II Expenses. Enter expenses for business use of your home only on line 30.		
8 Advertising	8	18 Office expense (see instructions)
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans
10 Commissions and fees	10	20 Rent or lease (see instructions):
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment
12 Depletion	12	b Other business property
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)
15 Insurance (other than health)	15	23 Taxes and licenses
16 Interest (see instructions):		24 Travel and meals:
a Mortgage (paid to banks, etc.)	16a	a Travel
b Other	16b	b Deductible meals (see instructions)
17 Legal and professional services	17	25 Utilities
		26 Wages (less employment credits)
		27a Other expenses (from line 48)
		b Reserved for future use
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		
31 Net profit or (loss). Subtract line 30 from line 29.	31	
• If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.		
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		
		32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.
For Paperwork Reduction Act Notice, see the separate instructions.		

Appendix E- Business Plan

IRC Microenterprise Program Business Plan (existing business)

Name of Business: Family Child Care Telephone #

List all Business Owners: _

Business Address:

How long have you owned the business:

Type of Business: (circle-one) **Sole-Proprietorship** _____ Partnership _____ Corporation _____

BUSINESS DESCRIPTION:

A. Describe your business idea (Be specific. For example: what is your product or service; how and where do you intend to sell it? Where will your business be located?):

MARKETING:

B. Who are your customers? Where do they live? How old are they? What languages do they speak?

C. How do your customers know about your product/service?

D. Who are your competitors? What other business offer the same product/service in your neighborhood?

E. Can you explain your strengths and weaknesses as a childcare provider?

F. How is your childcare business different from your competitors?

FINANCIAL INFORMATION:

G. How much do you charge for your product/service? What are your prices?

H. How much did it cost to start your business? Where did you get the money? (for example: personal savings, loans, borrowed money from family/friends, credit card, etc.)

IRC Microenterprise Program Business Plan (existing business)

I. Do you own any vehicles or equipment for the business? If yes, please describe.

J. Please list how much you have charged for the past three months.

K. Month	Sales

L.

M. Please list your regular monthly business expenses. (rent, advertising, insurance, inventory)

<i>Item</i>	<i>Monthly Payment</i>

K. Do you owe any person or company money for your business? If yes, please list below. Person or Company Monthly Payment Balance Remaining

L. Do you have access to additional sources of money for your business? (For example: friends, relatives, and savings)

M. Approximately how many hours per week do you work on your business?

N. How many people work with you on this business? (For example, family, friends, business partner, employees, etc.)

O. Would you like to expand or grow your business? If yes, please explain.

P. Would you like help to improve your business? If yes, please explain. (For example, loan money, advertising, marketing, taxes, bookkeeping, permits/licenses, planning, access to markets)

IRC Microenterprise Program Business Plan (existing business)

Q. What are the biggest challenges to your planned business and what steps will you take to overcome them?

P. How much do you expect to charge or make from your business every month? If any

Appendix F- Pre-post Assessment of Allowable Deductions

Scenario:

1. You can deduct up to one breakfast, one lunch, one supper, and three snacks per child, per day, using the standard meal allowance method of claiming food expenses.

True

2. You cannot deduct expenses associated with maintaining, cleaning, and repairing your home, such as toilet paper and light bulbs.

False. You can deduct a portion of all of these expenses, provided they are used over 50% for your childcare business.

3. You are dropping off a child at school. You can deduct the gas mileage on your taxes.

True.

4. When calculating the T/S% formula (time-space percentage), you do not have to include your basement and garage in the total square feet of your home.

False. You do need to include your basement and garage.

5. Even though you are not actively taking care of children, planning activities and meals for the upcoming week can count towards your T/S%.

True.

6. You have young children of your own that use the room only during childcare hours. You can claim the exclusive use rule for a children's playroom that is used by children enrolled in your FCC business.

True.

7. Children's meals and snacks are deductible according to the cost on your receipt.

False. These are deductible based on set rates by the Child and Adult Care Food Program.

8. Reimbursements received from the Child and Adult Care Food Program for children in your care are taxable income.

True.

9. You do not need to keep receipts for every business expense.

False. You should always keep receipts to keep track of your expenses.

10. You have a closet full of toilet paper, soap, and paper towels that you bought for your family before you started your childcare business. When you start your childcare business, you use these supplies. You can deduct a portion of the cost of these items.

True.

Appendix G - Contact Logs



FCC STRENGTHENING PROVIDERS CONTACT LOGS

PROVIDER NAME

AGENCY NAME

<p>DATE <input type="text"/></p> <p>TYPE OF CONTACT <input type="text"/></p> <p>TIME SPENT <input type="text"/></p>	<p>NOTES</p>
<p>DATE <input type="text"/></p> <p>TYPE OF CONTACT <input type="text"/></p> <p>TIME SPENT <input type="text"/></p>	<p>NOTES</p>
<p>DATE <input type="text"/></p> <p>TYPE OF CONTACT <input type="text"/></p> <p>TIME SPENT <input type="text"/></p>	<p>NOTES</p>



FCC STRENGTHENING PROVIDERS CONTACT LOGS

PROVIDER NAME

AGENCY NAME

DATE <input style="width: 100%; height: 20px;" type="text"/>	<div style="background-color: #fff9c4; padding: 2px;">RESOURCES PROVIDED</div> Did the provider use, apply to, or receive this resource? <input style="width: 80px; height: 20px;" type="text"/>
DATE <input style="width: 100%; height: 20px;" type="text"/>	<div style="background-color: #fff9c4; padding: 2px;">RESOURCES PROVIDED</div> Did the provider use, apply to, or receive this resource? <input style="width: 80px; height: 20px;" type="text"/>
DATE <input style="width: 100%; height: 20px;" type="text"/>	<div style="background-color: #fff9c4; padding: 2px;">RESOURCES PROVIDED</div> Did the provider use, apply to, or receive this resource? <input style="width: 80px; height: 20px;" type="text"/>
DATE <input style="width: 100%; height: 20px;" type="text"/>	<div style="background-color: #fff9c4; padding: 2px;">RESOURCES PROVIDED</div> Did the provider use, apply to, or receive this resource? <input style="width: 80px; height: 20px;" type="text"/>

Appendix H - Monthly Enrollment Tracking Sheet



FCC MONTHLY ENROLLMENT TRACKING SHEET

PROVIDER NAME

AGENCY NAME

MONTH / YEAR

Total Number of Children:
Beginning of Month
Total Number of Children:
End of Month

Children Added									
Child	Days in Care	Hours in Care	Payment Type	Gender	Age	Ethnicity	Languages Child Speaks	Zip Code	Providers Own Child

Children Dropped									
Child	Days in Care	Hours in Care	Payment Type	Gender	Age	Ethnicity	Languages Child Speaks	Zip Code	Providers Own Child

NOTES:

Appendix I - Focus Group Protocol

The Center for Excellence in Early Development

“Nurturing Early Connections”

Family Child Care Provider Focus Group Interview Protocol for STEPS

Opening Remarks

Thanks to everyone for taking the time to come and talk with us today. We know that you are all really busy, and we appreciate your time. This focus group is being conducted by (will select one) the International Rescue Committee/ The Chicano Federation/ and Horn of Africa with the support of the Center for Excellence in Early Development (CEED), Blue Shield of California Foundation, Price Philanthropies, The San Diego Foundation, and The Chicano Foundation. You are all here today because you participated in the STEPS program. As providers working in child care and participants in STEPS we know that you have valuable insight into how the STEPS program might improve. We want to hear from everyone, so please speak up while also making space for others to talk. Everything that you say today will be confidential. We ask everyone to respect the privacy of fellow participants and to not repeat what is said in the focus group to others. We will report the themes and findings from the focus groups back to the project funders, but we will not attribute remarks to individuals. Please feel free to be completely honest in your responses as this will be most helpful to us.

You do not have to be in this focus group. You are free to say “yes” or “no”, or to drop out of the focus group after joining. If you discontinue participating in this focus group, information collected before you stopped being in the study will not be included in the analysis of study results.

We will be audio recording the focus group to allow the researchers to properly document participant responses. We would like your permission to use the recording(s) of you for purposes of the research study.

Are there any questions before we get started?

Introductory Question

Opening (10 minutes)

1. Please tell us your name, the neighborhoods you work in, and why you run a family child care business.

Participation (15 minutes)

2. Please tell us about why you decided to attend STEPS classes through IRC/Chicano Federation/Horn of Africa?
 - a. What other programs or business supports have you accessed or know of?
 - b. (add in language aspect barriers/access)

Retention (20 minutes)

3. What factors made it possible for you to participate in the workshops?
 - c. Did you complete all of the classes you had hoped to? Why or why not?
 - d. What were the challenges and/or barriers for participating in the classes?
 - In what ways, if any, were these challenges related to your cultural and/or linguistic background?
 - e. What would make it easier for you to attend classes to support your child care business?

Business Evolution (25 minutes)

4. Tell us about the process you went through, or are still going through, to open and maintain your child care business?
 - f. What challenges did you face with this process?
 - {Spanish, Arabic, Somali} Did you experience any language barriers?
 - g. What is the current status of your business? Are you open, closed, at capacity?
 - h. What makes your family child care unique or special?
 - i. What do you need to help your business thrive?
5. What agencies do you work with in San Diego?
 - a. Which agency helps you the most?
 - b. What makes you feel frustrated about working with programs in San Diego?
 - c. What would you change if you could?

Goals and Hopes/Outcomes (25 minutes)

6. What did you gain from participating in the STEPS program?
 - a. How does that compare with what you had hoped you would gain?
 - b. How did the classes impact your business in the short run (i.e., one year or less)?
 - c. How did the classes impact your business in the long run (i.e., more than a year)?
 - d. To what extent did the classes impact your confidence? How did that translate to your child care business?
7. To what extent were the workshops aligned with your background and the background of the families you serve? And, if it all, how can the STEPS program be better aligned?
 - e. Do you feel like the workshops have equipped and prepared you to serve different ethnic and racial families and communities? And how can the STEPS program better support you to serve these communities?
 - f. Do you feel like the workshops have equipped you to serve families and communities from your own ethnic and racial background? And how can the STEPS program better support you to serve these communities?
8. What remaining feedback or recommendations would you like to share with CEED to improve their workshops.

- b. If you are here because you stopped bring a provider, can you tell us why you stopped?
3. What do you think you do really well? Is there a particular skill that you have that you could share with other providers?
 4. What is the hardest, most challenging part of your job? Tell us about the top three challenges your business is facing this year.

Potential stressors could include:

- a. Financial stress: collecting fees, managing money, space/ materials
 - b. Enrollment: keeping fully enrolled, losing 4 year-olds to pre-K, too many infants, not enough 3 year-olds
 - c. Meeting standards: licensing, CACFP standards, voucher system
 - d. Meeting children's needs: challenging behaviors, challenges working with families, meeting needs of children's with developmental and/or physical disabilities/ delays, curriculum ideas, other skills/ knowledge
 - e. Personal and/or family challenges
5. What agencies do you work with in San Diego?
 - a. Which agency helps you the most?
 - b. What makes you feel frustrated about working with programs in San Diego?
 - c. What would you change if you could?
 6. If you could have help with 3 things related to your business, what would they be?
 7. How would you describe your approach to teaching and caring for young children?
 - a. What is your approach to disciplining young children?
 - b. What do you value most about your approach?
 - c. If you could change anything about your current approach, what would it be and why?
 8. How do you learn best?

Closing Remarks