Strengthening California's Emergency Child Care Bridge Program

Final
Study Report

2020-2022

CCRC
Research
Team

A Study to Improve Children in Foster Care's Access to Child Care and Stable Placement

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Executive Summary

In an effort to assist caregivers willing to take in children who have been removed from their homes, the Emergency Child Care Bridge Program for Foster Children (Bridge Program) was enacted by Senate Bill 89 (SB89) in 2017 to provide emergency child care vouchers. The Bridge Program, managed by the California Department of Social Services (CDSS), seeks to connect the child welfare agency and early childhood education (ECE) systems in counties across the state by providing emergency child care vouchers, child care navigators (CCN), and trauma-informed care (TIC) training and coaching to increase the number of foster children successfully placed in stable caregiver settings. Navigating both child welfare and ECE systems can be overwhelming and can cause confusion and frustration especially when a caregiver is asked to assume care for a child unexpectedly. The Bridge Program was designed to mitigate these challenges for caregivers. However, the program is the only one of its kind, thus there were no existing frameworks to guide the development and implementation of the new and much needed program. The Child Care Resource Center (CCRC) Research team received funding to study the Bridge Program to determine the best practices that came out of the program's initial years of existence that could help guide continuous program improvement and determine the successes of the Bridge Program.

The CCRC Research team developed nine research questions to guide the evaluation of the Bridge Program and, with assistance from CDSS, selected 12 counties across California to participate in the evaluation. The two-year evaluation focused on the Bridge Program's implementation and enrollment process, specific challenges participating agencies and staff encountered, as well as desired changes and recommendations for improvement to the Bridge Program. Due to the unique timing of this evaluation, understanding the exceptional challenges caused by COVID-19 was added as an additional focus of the study. Across both study years, CCRC Research conducted 233 key informant interviews (KIIs) with child welfare and resource and referral administrators, child care navigators, and trauma-informed care coaches, trainers, caregivers, and child care providers participating in the Bridge Program. CCRC Research also distributed surveys and received over 950 responses from caregivers and providers. In Year 2 a survey was distributed to all counties implementing the program in California.

CHILD AND FAMILY OUTCOMES

Findings from the interviews and surveys conducted with caregivers and providers focused on outcomes related to the child, the caregiver, or the provider. About **40% of caregivers reported they would not or were not sure they would have accepted the child if they did not have access to the Bridge Program** indicating that the Bridge Program is reaching its goal of increasing the number of children in foster care that are successfully placed with caregivers. Moreover, findings demonstrated that the Bridge Program decreased economic and emotional stress of caregivers.

- **96%** reported **reduced stress levels** due to their foster child attending child care
- **84%** agreed the **Child Care Navigator** reduced their stress levels
- **76%** reported **reduced economic stress**
- **70%** reported **reduced emotional stress**

Additionally, caregivers felt their children were in quality child care while in the Bridge Program.

- **94%** were satisfied with the **quality of their child care**
- **94%** agreed the **provider supported the needs of their child**
- **90%** agreed the provider kept them **informed about their child's development**

TRAUMA-INFORMED CARE TRAINING AND COACHING

Findings from the interviews and surveys conducted with TIC coaches and child care providers focused on the experiences implementing and participating in TIC training and coaching. **90%** of providers stated TIC training and TIC coaching **helped them better support the foster children in their care**. Additionally, providers rated their knowledge and ability to care for a child who experienced trauma higher after participating in TIC training and coaching. However, many providers who did not participate in TIC training and coaching were **unaware** that this type of support was available. Findings from TIC coaches indicated **additional support in marketing, outreach, and advertising** TIC training and coaching is necessary to increase awareness of the program. Finally, virtual TIC training and coaching that was adaptable to the needs of the provider drew more consistent attendance and engagement from providers.

BRIDGE PROGRAM IMPLEMENTATION

One of the main findings from interviews with Bridge administrators was that a strong working relationship and consistent communication between partner agencies were both necessary to the successful implementation of the Bridge Program across all counties. At least **75%** of counties stated that **collaboration, networking, and establishing a working relationship** with a partner agency was necessary to maintain a communicative and quality relationship while implementing the Bridge Program. When asked about challenges, **two-thirds** of county administrators and staff had concerns that the current funds were insufficient to meet the needs of every eligible family. Program administrators and staff proposed numerous funding-related recommendations to increase access to the Bridge Program. Specifically, administrators and staff voiced support for increasing flexibility or earmarking additional funds to facilitate out-of-county placements and to provide care to children that are reunified with their biological parent.

RECOMMENDATIONS

Despite the difficulties associated with implementing a statewide program of this magnitude, the strong partnerships between Child Welfare and Resource & Referral Networks across the state helped to make the Bridge program a success. **Thousands** of children and families in the foster care system have benefited from access to quality child care provided by the Bridge Program. In order to continue the success of this program and ensure that California's most vulnerable children have access to quality child care, study participants recommended the following be considered:

- Keep implementation process changes made in response to the pandemic to maintain accessibility and increase convenience for foster families and child care providers
- Extend the length of the Bridge voucher and allow children and families to continue accessing subsidies after reunification or adoption
- Increase program funding to allow for expanded eligibility and out-of-county placements
- Provide additional support in marketing, outreach, and advertising TIC training and coaching

Background: California's Emergency Child Care Bridge Program

Enacted through Senate Bill 89 (SB89) in 2017, California's statewide Emergency Child Care Bridge Program for Foster Children (hereafter referred to as the Bridge Program) aims to facilitate the prompt placement of children within the foster care system into a stable setting by helping relatives or foster caregivers obtain early care and education (ECE) services for children in their care. The California Department of Social Services (CDSS) designed the Bridge Program to address the special circumstances of caregivers and children in foster care. The Bridge Program is also intended to improve the capacity of ECE providers to meet the needs of this vulnerable population of children.

By 2018, 46 out of California's 58 counties agreed to participate in the Bridge Program. With a budget of $59.9 million in fiscal year 2022-2023, it is critical that this statewide initiative reach the families who most need it and provide them with access to stable, quality early care and education services that are central to promoting healthy development in children. However, there are substantial differences in the program's implementation across counties, and to date there is no notable systematic effort to assess the extent to which this initiative is working as intended or to identify best practices. In January 2020, the Child Care Resource Center (CCRC) launched a study of the implementation and efficacy of the statewide Bridge Program.

Purpose of the Bridge Program

As of October 2021, there are 19,666 children under the age of 5 in California's foster care system.[1] Children's Social Workers (CSWs) must often make multiple attempts to find an immediate placement for a child that has been removed from his or her home. When it is necessary to place children in foster care due to maltreatment, CSW's prioritize placement with family members (kinship caregivers) before considering non-relative (foster) caregivers. Kinship caregivers tend to be older and have lower incomes than non-relative caregivers, making the process of caring for a child with little-to-no notice increasingly difficult.[2] California's CSWs have shared stories of children staying for long periods of time at "Welcome Centers" or even in their offices while they made dozens of telephone calls in attempts to find a placement for these children. If the child has special needs, is under five years old, or is part of a sibling set, the number of calls required to secure a placement increases dramatically.[3]

Kinship caregivers tend to be in a more challenging situation than non-relative (foster) caregivers regarding accepting a foster child. Kinship caregivers usually receive their related children unexpectedly, while non-relative (foster) caregivers have proactively chosen to provide foster care, and, have had more time in advance to prepare for the placement of a child. Prior research shows that, in comparison with foster caregivers, kinship caregivers need more support with:[4]

- Navigating the child welfare and ECE systems
- Paying for child care
- Finding an ECE provider who meets the needs of their family

1 https://ccwip.berkeley.edu/childwelfare/reports/PIT/MTSG/r/ab636/s
2 Scannapieco, M., Hegar, R. L., & McAlpine, C. (1997). Kinship Care and Foster Care: A comparison of Characteristics and Outcomes. Families in Society, 78 (5), 480-488.
3 https://www.ccrcca.org/resources/research-evaluation
4 https://www.ccrcca.org/resources/research-evaluation

Navigating even one of these systems can be daunting; dealing with both the child welfare and the ECE systems as a new guardian may create additional barriers that seem insurmountable to a caregiver asked to assume care for a foster child. Typically, child welfare and ECE systems operate under different regulations with distinct organizational cultures, terminology, requirements, and processes. Often, potential caregivers of young foster children must simultaneously (and without advance warning) meet all the licensing requirements, provide basic needs for the child, and find affordable child care.

Finding child care through the ECE system presents various challenges for families. Families must navigate the complex child care system to understand the different types of care available (home-based vs. center- based, licensed vs. unlicensed, subsidized vs. unsubsidized), select the right program for their family that is both affordable and accessible, and navigate waitlists and complex enrollment processes. Additionally, the cost of child care can be prohibitive for many families. Full-time infant care can be over $17,000/year in center-based programs and almost $12,000/year in home-based programs.[5] Providing caregivers with support and additional resources to help pay for and navigate the ECE system may result in more timely placements with kinship caregivers, and when children are immediately placed with relatives, it provides valuable and necessary stability.

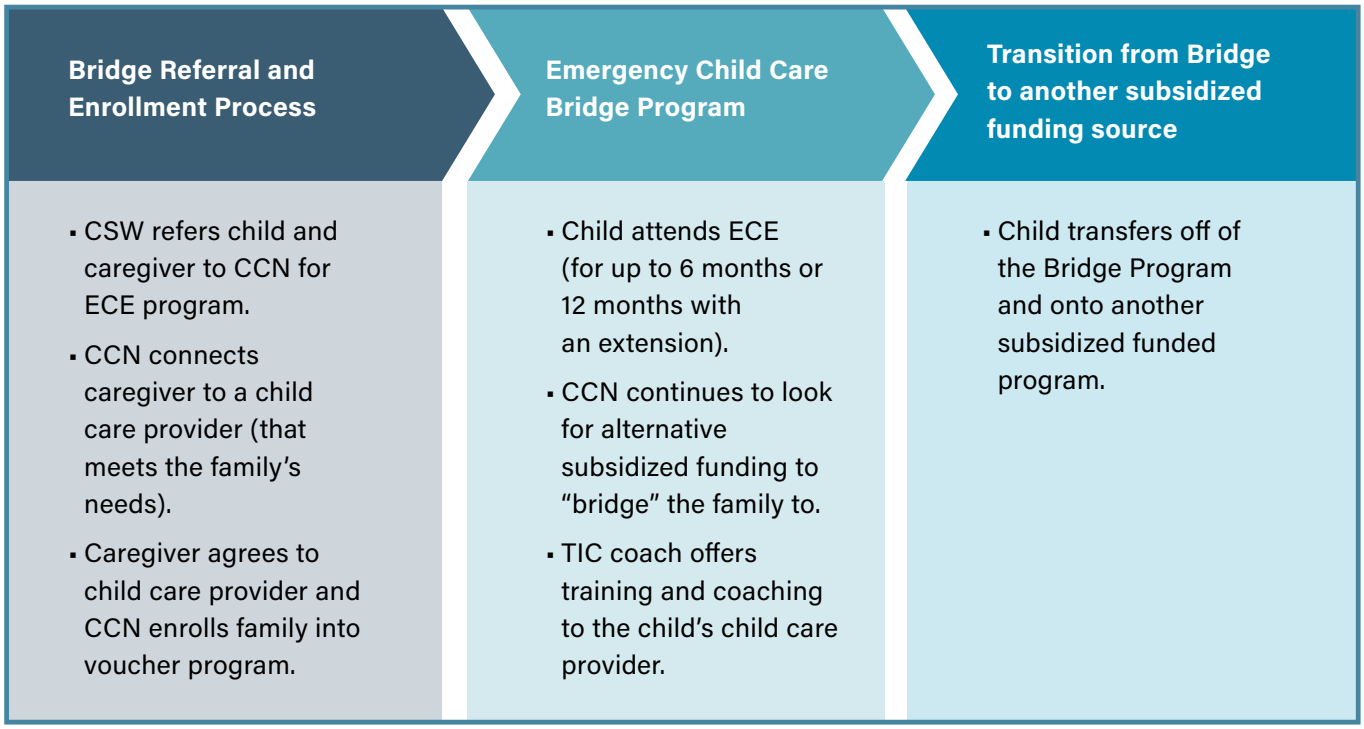
Bridge Program Description

The Bridge Program helps to facilitating communication between the child welfare and ECE systems, and provides three critical components as a part of the process described in **Figure 1** below:

1. **Emergency child care vouchers or payments**. Caregivers may receive a time-limited voucher to help pay for child care costs for children in foster care.
2. **Child Care Navigators (CCNs)**.
    a. Match the caregiver with a child care provider.
    b. Help the caregiver navigate child welfare and ECE systems to achieve the goals of safety, permanency, and well-being for the child.
    c. Find alternative source of child care funding for children after the Bridge voucher ends.
3. **Trauma-informed care (TIC) training and coaching**. Participating ECE providers receive access to trauma-informed care training and coaching to help them meet the unique needs of children in foster care.

5 https://rrnetwork.org/assets/general-files/California-06-20.pdf

FIGURE 1. BRIDGE PROGRAM PROCESS MAP



Purpose of the Study

CCRC evaluated the Bridge Program to determine valuable lessons learned, best practices and to help guide continuous program improvement for several reasons. First, the Bridge Program is the only program of its kind in the United States, so there is no existing framework to guide the development and successful implementation of such a program. Additionally, the legislation that created this program was intentionally broad in order to allow counties the flexibility to tailor the program to meet their unique systems, partnering organizations, and populations. This broad legislation enabled counties to develop a program that had the flexibility to meet the unique needs of families in each county. However, this also allowed counties to design a completely new program within agencies that are accustomed to having clear regulations to guide implementation and program development.

As counties began undertaking the design and implementation processes for the Bridge Program, CDSS began receiving numerous questions in the form of ad-hoc calls and emails from counties. CDSS staff answered these questions as effectively and efficiently as possible, usually through monthly webinars and formal memos from the state. However, CDSS does not have the capacity to formally document under what conditions (e.g., county size) certain aspects of the program were not working well or not working at all– let alone formulate recommendations for strengthening the program in participating counties and informing effective methods to implement and scale-up the model in other counties. This study provides a formal mechanism to both document and share information regarding best practices in reaching and serving the targeted population while providing a foundation upon which California, as well as the rest of the nation, can implement and expand the program on a larger scale.

Study Methods

Research Questions

Nine research questions guided this study:

1. How do counties best implement the Bridge Program to reach the children who need it?
2. What additional supports do counties need to help them maximize the reach and effectiveness of the Bridge Program?
3. To what extent do children receive stable, quality ECE after the voucher expires (i.e., is the current voucher timeframe adequate)?
4. To what extent do agencies leverage federal funding to ensure sustainability and maximize the use of current resources?
5. To what extent has the Bridge Program contributed to collaboration among cross-system stakeholders?
6. What other challenges, lessons learned, or success stories should be told?
7. Under what conditions does the program increase access to child care for foster families?
8. Under what conditions does access to the program increase well-being for caregivers and children in foster care?
9. Under what conditions does TIC training and coaching support child care providers who work with caregivers and children in foster care?

All research activities for this project were reviewed and approved by an Institutional Review Board, Advarra, prior to the recruitment of participants or the collection of data. The Research team collected data from a sample of 12 counties across California. See **Table 1** for a list of sampled counties.

TABLE 1. COUNTIES PARTICIPATING IN THE BRIDGE EVALUATION

County	Implementation Timeframe[6]	CDSS Research Region[7]
Colusa	Mid	Central Valley
Contra Costa	Early	Bay
Glenn	Mid	North & Mountain
Napa	Later	Bay
Riverside	Later	Southern California
Sacramento	Mid	Central Valley
San Benito	Mid	Southern Farm
San Bernardino	Later	Southern California
San Diego	Mid	Southern California
San Joaquin	Early	Southern Farm
San Luis Obispo	Early	Southern Farm
Sonoma	Early	Bay

6 Early: January-April 2018, Mid: May-October 2018, Later: November 2018 and later.
7 https://www.cdss.ca.gov/cdssweb/entres/pdf/RFSurveyReport2006-07.pdf. The one county region not represented in this study is Los Angeles.

Methods

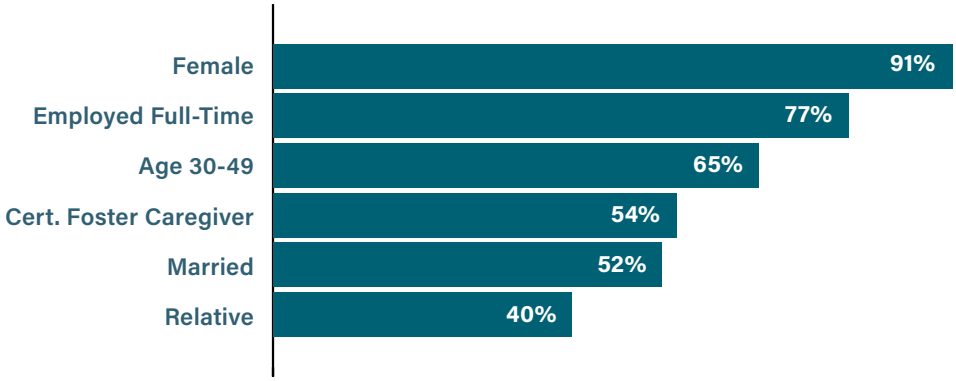
The following is a brief description of the study methods. For more information on the study's methodology, please see **Appendix A**. Based on the research questions approved by all three funding agencies, the CCRC Research team conducted 233 key informant interviews (KIIs) with child welfare and resource and referral administrators, child care navigators, and trauma-informed care coaches, trainers, caregivers, and child care providers. The study design was flexible since counties were able to tailor the program to meet the needs of the county, which resulted in staffing patterns that varied across counties. As such, the Research team aimed to collect KIIs with 4-5 Bridge staff, 3 caregivers, and 3 child care providers per county. Additionally, in one county there were two R&R agencies implementing the program. A list of KIIs conducted by county and staff position type can be found in **Appendix B**. Where findings are similar across years 1 and 2, this is noted and year 2 data are presented for the sake of brevity and clarity.

Caregiver Demographics

Across both study years, the Research team collected 346 online surveys and 52 KIIs with caregivers (e.g. foster parents, resource parents, relative caregivers, parenting foster youth, etc.). Online surveys were collected from 11 of the 12 sample counties. The one county who was not represented in the survey had served fewer than 10 families, and none of those caregivers responded to the invitations to participate in the survey. **Appendix C** details the number of online surveys received by county. While, surveys were available in both English and Spanish, only 11 surveys across both years of the study were completed in Spanish. Therefore, no language comparison was conducted for this study.

Of those caregivers that responded to the online survey, 91% were female, 52% were married, 77% were working full-time, and 65% were between the ages of 30 and 49. The most common races and ethnicities of online survey respondents were Caucasian (50%), African American (28%), and Latino (28%).[8] In addition, 54% were certified foster caregivers, 40% were relative caregivers, and 5% were non-relative, extended family members. Furthermore, 65% of respondents accepted placement of their foster child on the same day they were contacted by their child's social worker and 53% of caregivers reported they accepted more than one foster child.

CHART 1. CAREGIVER SURVEY DEMOGRAPHICS



8 Note that participants could select more than one race or ethnicity.

Child Care Provider Demographics

Across both study years, the research team collected 607 online surveys and 57 KIIs with child care providers who participated in the Bridge Program and/or Trauma-Informed Care training and coaching. In Year 1 of the study, only child care providers who served children in the Bridge Program were invited to participate in the study. In Year 2, providers who served Bridge children and/or participated in TIC training or coaching were invited to participate in the study. This change to include non-Bridge providers who participated in TIC training and coaching was made to gain more insights on the TIC training and coaching aspect of the program. Online surveys were collected from 11 of the 12 sample counties. The one county who was not represented in the survey had served fewer than 10 families, and none of those child care providers responded to the invitations to participate in the survey. **Appendix D** details the number of online surveys received by county. Additionally, surveys were available in both English and Spanish. However, only 10% of surveys across both years of the study were completed in Spanish, thus no language comparison was conducted for this study.

Of those providers that responded to the online survey, 66% were from a licensed family child care home, 32% were from a licensed child care center, and 2% were from family, friend, or neighbor care. Most providers that responded to the survey were female (96%), and 78% of respondents cared for children other than their own for 10 years or more.

Findings: Child, Family and Community Well-Being

Bridge Program increased likelihood that some caregivers will accept a child

One of the main goals of the Bridge Program is to increase the number of children in foster care that are successfully placed in stable caregiver settings. Based on the data collected over the two years of this study, 35% of caregivers surveyed in the first year of the study and more than 40% in year two stated they would not or were not sure they would have accepted the child if they were not enrolled in the Bridge Program.

40% of caregivers would not have accepted the foster child **without the Bridge Program**.

Caregiver interview data from the second year of the study also reflected that 41% would not have or were not sure they would have accepted the child(ren) without access to the Bridge Program. Relative caregivers more often said they would have accepted the child without the Bridge Program because "they were family" and would find a way to "make it work." For those caregivers who were unsure of taking a child in based the decision on factors such as, the child's age. Specifically, some caregivers said they would not have accepted non-school aged (under 5 years old) children due to lack of access to child care. Given the high cost of infant care, access to care was a challenge for caregivers asked to assume guardianship of their young relative, but the study found that the Bridge Program helped these caregivers access infant care.

"

I would have [still accepted the child], but I don't know how I would have done it. Because they were family.

– **Riverside Caregiver**

It would have been hard. I would have had to turn down any child that wasn't old enough to go to school.

– **San Diego Caregiver**

We would not have been able to take four kids or an infant because we both work.

– **San Benito Caregiver**

"

Bridge decreased economic and emotional stress of caregivers

Across both study years, caregivers who responded to the online survey agreed that the Bridge program reduced their levels of stress. Developmental science shows that stress in the family can have adverse effects on children. Thus, anything that can reduce stress for parents will help create a healthier environment for children, particularly children that have experienced trauma. Results from the survey indicated that:

> *When a parent has stress, the child has stress. It goes hand in hand.*
>
> – San Luis Obispo Caregiver

- **96%** reported **reduced stress levels** due to their foster child attending child care
- **84%** agreed the **Child Care Navigator** (CCN) reduced their stress levels
- **76%** reported **reduced economic stress**
- **70%** reported **reduced emotional stress**

Findings from both study years indicated that the CCN was an integral component of the Bridge Program. The CCN's responsibility is to connect caregivers to quality child care providers and assist caregivers with securing financial support for child care.

- **90%** of caregivers agreed the CCN coordinated the **timely placement** of their foster child with a **child care** provider
- **88%** of caregivers agreed that the CCN provided **quality child care referrals**.
- **87%** of caregivers agreed **enrolling** in the Bridge Program was easy

Finally, 30% of caregivers reported needing help finding a child care provider. This illustrates that nearly two out of three caregivers already have a provider in mind when they connect with a CCN for Bridge Services.

> *I want to say [everything was] on a platter, [the CCN] made me feel very supported and alleviated a lot of stress in a time of transition for me because I had to move, and all of these different things that were going on because of accepting placement for foster care.*
>
> – Sacramento Caregiver

Furthermore, survey and interview data from caregivers from both years of the study illustrated the reduction in economic and emotional stress due to participation in the Bridge program. From year two data, two-thirds of interviewed caregivers reported reduced economic stress due to receiving child care financial assistance through the Bridge Program. Caregivers noted they did not have to worry about being able to afford or find child care, both of which brought down stress levels at home and benefited their children. Additionally, some caregivers mentioned the child care voucher allowed them to repurpose to repurpose their family budget from child care to enrichment opportunities for their children in foster care. Caregivers also stated that the child care assistance allowed them to work.

> *It's taken off a lot of the financial hardship of being a foster parent, just by paying for child care. That's a big stress relief to not have to worry about because I do work. I'm a nurse so I may not have been able to take the kids if I had to pay for the child care on my own.*
>
> – **San Bernardino Caregiver**

For caregivers who participated in the survey, 70% of caregivers reported reduced emotional stress from participating in the Bridge Program. From the year 2 interviews, caregivers mentioned that having access to child care provided them a support system and allowed them to work with peace of mind knowing that their child was in a safe and stable environment.

Caregivers felt their children were in quality child care

Overall, caregivers had positive things to say about the well-being of their foster children resulting from participating in the Bridge Program. Out of 52 caregiver interviews, none stated any negative impact of Bridge Program on their foster children. All caregivers noticed improvements in their foster children since participating in the Bridge Program. Results from the survey indicated that:

- **94%** were satisfied with the **quality of their child care**
- **94%** agreed the **provider supported the needs of their child**
- **90%** agreed the provider kept them **informed about their child's development**

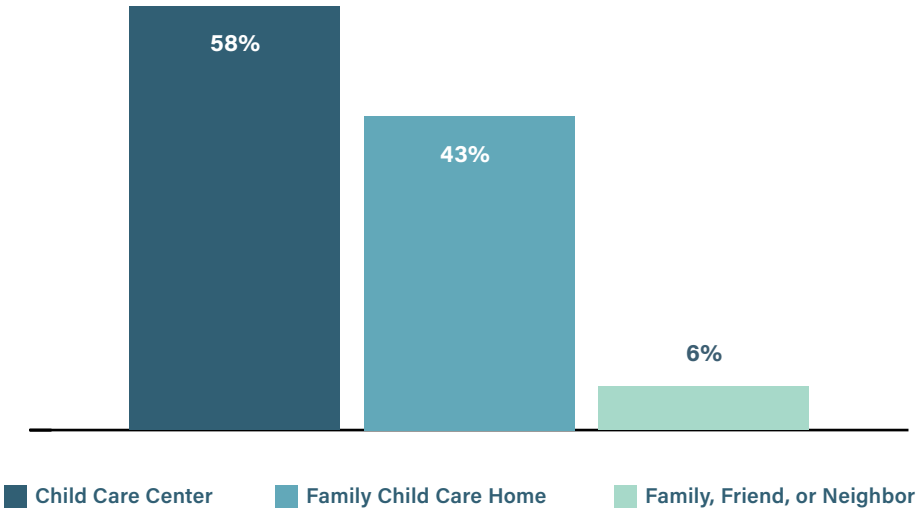
In years 1 and 2 of the study, caregivers attributed improvements in their child's behavior to the child attending quality, consistent child care. Caregivers mentioned that the quality of child care helped their foster child **progress socially, cognitively, and physically** in their development. Caregivers noticed that their children enjoyed interacting and socializing with their peers in child care or school. When asked about whether they noticed the child's reactions and feeling when being taken to and brought back home from child care, caregivers mentioned seeing positive reactions from their children. Children were happy to go to child care and multiple caregivers mentioned the children built a **strong bond with the child care provider**.

> *The person that took care of my daughter treated us like family. Knowing that if I was running late or had another meeting after work, it was okay. You're less stressed, more pleasant to be around, and have more energy for other things.*
>
> **– Sacramento Caregiver**

In year two of the evaluation, caregivers were asked if they changed child care providers while in the program and what were the circumstances that led to those changes. One-third of interviewed caregivers said they did change providers while in the Bridge Program. Those caregivers that changed providers felt their child needed more attention or support from the provider. For example, some mentioned wanting more supervision for the child due to the child coming home with bumps and bruises, and some caregivers wanted a more structured setting for the child. Other caregivers mentioned challenges related to COVID-19's impact on child care. For example, one caregiver felt there were too many children attending one child care setting or there were too many sick days. In all of these cases, caregivers reported working with their CCN and finding a new provider that met their and their child's needs.

While in the Bridge Program, caregivers are able to select the type of child care setting for their child. Some counties require licensed care, while others allow for license-exempt care such as family, friend, or neighbor (FFN) care. According to those that participated in the online survey, 58% of caregivers selected a licensed center-based child care program and 43% selected a licensed family childcare home. The small percentage of caregivers that utilized FFN care is likely due to many counties requiring licensed care for participation in the Bridge Program. The online survey allowed caregivers to select multiple options to indicate that their child was in multiple types of care, even if the Bridge Program voucher only provided for one child care provider.

FIGURE 2: SELECTED CHILD CARE SETTING



Caregivers were interested in community resources and more about Bridge Program processes

Forty percent of caregivers interviewed were interested in receiving more information on resources including child care options after they no longer qualify for the Bridge Program, support groups for caregivers, and free community activities for children and families. A few caregivers expressed wanting more information about the child they were fostering and greater clarity on the Bridge process before accepting the child into their care. Caregivers expressed that the time period when they initially accepted the child was stressful with a lot of information to absorb and involved too many steps. Thus, multiple reminders and points of contact to repeat information would help to increase communication with caregivers during the transition period.

Findings: Trauma-Informed Care Training and Coaching

Access to quality child care is a key element of child and family well-being. The Bridge Program supports quality child care by providing access to Trauma-Informed Care (TIC) training and coaching by local Resource & Referral agencies. All 12 participating counties in this study used the TIC curriculum developed by the R&R Network. The goal of offering TIC training and coaching is to increase the capacity of child care providers to meet the needs of children in foster care and children who have experienced trauma. Both the Trauma-Informed Care coaches and child care providers' feedback about their experiences with TIC training and coaching provided insight on the successes of the program and areas for improvement.

TIC Training and Coaching helped providers meet the specialized needs of foster children

In year 1 and 2, roughly 90% of providers who attended TIC trainings stated the trainings helped them better support the foster children in their care. Child care providers were asked to rate their knowledge and abilities related to TIC practices before and after they attended TIC trainings. Average before and after training survey data from both years were statistically significant, such that child care providers rated their knowledge of how trauma affects a child as *higher* after attending the TIC training. Additionally, child care providers' rated their ability to care for a child who experienced trauma higher after participating in TIC training. The significance of these findings is that providers felt both their knowledge and ability to care for a child who experienced trauma **increased** after participating in TIC training. See Figure 4. Similarly, child care providers were asked to elaborate on their experiences with TIC training during key informant interviews. From these interviews, 75% of the child care providers said the TIC trainings helped them meet the needs of children who experienced trauma.

*FIGURE 4. AVERAGE **BEFORE** & **AFTER** RATINGS SHOW TIC TRAINING INCREASED PROVIDERS ABILITY TO SUPPORT CHILDREN IN FOSTER CARE*

Those who did not find the training helpful shared that they felt the information in the TIC training was repetitive. Specifically, participants felt they already knew much of the information provided. One provider suggested there should be different levels of training to meet the various skill levels of child care providers, like introductory versus advanced sessions.

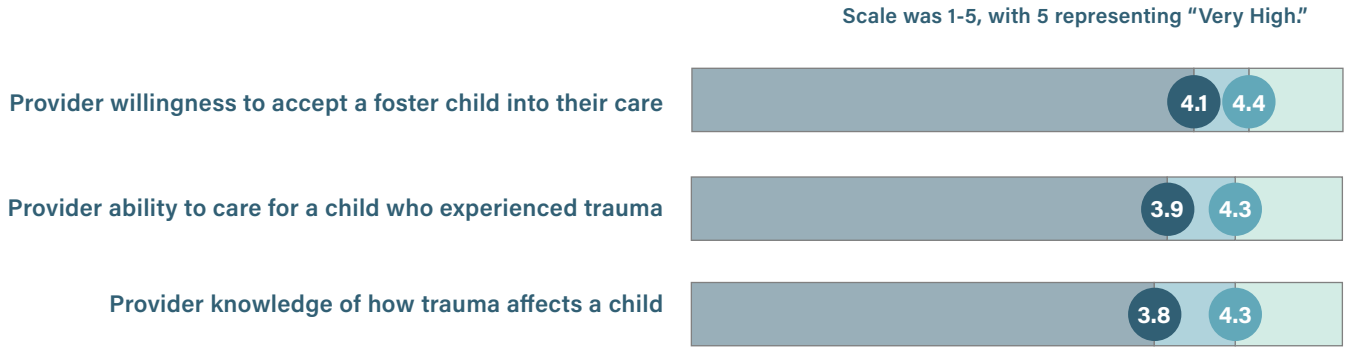
> *Everything that I've learned has helped. I believe it has impacted every child under our care and myself as an individual. My assistant [too] because we've taken the [TIC] in English and Spanish...so we have sat together and talked about it. Really broke it down, what we have learned and how to best implement. It has benefited every student that has been in our facility, not only the Bridge family.*
>
> **– Child Care Provider, San Diego**

Related to the results about the TIC training, surveys and interviews from child care providers indicated that **TIC coaching** helped child care providers better support the foster child in their child care. Coaching was described by child care providers as either a situation in which a TIC coach would come to the child care site, observe children, and provide feedback, or one in which a TIC coach would respond via email or phone to any questions the provider had. Ninety percent of providers that participated in TIC coaching said the coaching helped them better support a foster child in their care. During the interviews, many providers shared that they found coaching to be a valuable "partnership" and a helpful resource to support their child care.

> *It was helpful to talk to my coach about [the children] and how we could help the little one feel that she was safe and the older one to help him learn how to manage his behavior and find ways to calm down. There was never a moment where I said, 'Oh, I can't handle it anymore.' I definitely had things I could talk about with my coach.*
>
> **– Child Care Provider, San Diego**

Child care providers were also asked to rate their knowledge and abilities related to TIC practices before and after they participated in TIC coaching. Again, average before and after coaching survey data from both years were statistically significant, such that child care providers rated their knowledge of how trauma affects a child higher after participating in TIC coaching. Additionally, child care providers' rated their ability to care for a child who experienced trauma higher after participating in TIC coaching. A finding unique to TIC coaching was statistically significant such that providers rated their willingness to accept a foster child into their care higher after participating in TIC coaching. See in Figure 5.

*FIGURE 5. AVERAGE **BEFORE** & **AFTER** RATINGS SHOW TIC COACHING INCREASED PROVIDERS ABILITY TO SUPPORT CHILDREN IN FOSTER CARE*



Attending TIC Training and Coaching was challenging for providers

It is clear that TIC training and coaching does benefit child care providers and the children in their care; however, it was a challenge getting Bridge providers to attend TIC training and/or coaching. While about 70% of child care providers said Bridge Program staff informed them about TIC training options, only 39% attended any TIC training. Even less participated in TIC coaching; only 22% of the Bridge providers surveyed said they participated in TIC coaching.

When asked why providers did not attend any TIC trainings, over half (55%) said they were not aware TIC training was available. The next most common reason was due to the scheduling of the TIC training, with 27% of surveyed providers stating the training was offered on days they were not available, and 20% stating the training was offered at times of the day the providers were not available. When asked what would encourage them to participate, 34% of providers said more information on how TIC training will benefit their child care would help persuade them to participate. Scheduling and convenience were also important to providers; 52% of participants said they would be more inclined to participate if trainings were offered online, 31% of providers would participate if trainings were offered at more convenient times of the day, and 20% said more convenient days of the week. This correlates with the All-County Survey, with 28% of Bridge administrators and staff stating they had challenges encouraging providers to participate in TIC training.

Moreover, 46% of Bridge administrators and staff from the All-County Survey found it challenging to encourage providers to participate in the TIC coaching. When asked why providers did not participate in any TIC coaching, a majority (79%) said they were not aware TIC coaching was available to them. When asked what would encourage them to participate,

46% said more information on how TIC coaching will benefit their child care would be helpful. Providers also mentioned having more convenient times of the day (27% of providers), more convenient days (20%), coaching offered online (34%), and if offered a certificate of completion (20%) would likely increase participation in TIC coaching.

> *And I know, providers will be like, 'Oh, we already have so many requirements.' But these really are a game changer. We really become empathetic, we become better early childhood educators by being trauma informed, and in learning about building resiliency and emotional burnout, because this job is very isolating.*
>
> **– Child Care Provider, San Diego**

The data indicated that the main reason for such low attendance and participation in the TIC program was because providers were not aware of the TIC training and coaching opportunities available to them. The interviews also demonstrated there was confusion for the providers about what constitutes coaching. The next most common reason for the lack of participation was due to the dates and times training and coaching were offered. Many trainings were offered during hours providers were still providing child care, and were therefore unable to attend. However, after the details of TIC training and coaching were explained to the providers during the interviews, many were interested in participating. This correlates with the finding from TIC coaches and Bridge Staff who stated they need more support with advertising and marketing their TIC trainings.

Virtual training Increased Access for Providers

Due to the COVID-19 pandemic, many R&R agencies pivoted to an online platform to offer TIC training and coaching virtually. Of the twelve counties evaluated, Bridge staff from 10 counties expressed positive experiences with the switch to a virtual platform. Eight of the 12 counties experienced higher provider attendance in their virtual TIC trainings and 11 of the 12 counties shared that their providers were very, if not more, engaged in the trainings using the virtual platforms. One county shared they experienced a 50% increase in attendance due to the switch to virtual training. As mentioned above, providers expressed to their TIC trainers that they liked the virtual platform because of the huge convenience it offers, not only during the COVID-19 pandemic, but in a post-pandemic world as well.

Although the study did not focus on language barriers, language concerns were discussed in key informant interviews. 7 of the counties shared they offered trainings in multiple languages, and three counties stated they had more consistent or increased attendance in their virtual Spanish speaking TIC trainings but struggled to maintain attendance in their English-speaking TIC trainings. One county stated the Spanish-speaking to English-speaking attendance ratio was 30:3. However, another county shared that their English-speaking training attendance increased because of the virtual option offered. Two counties who did not have positive experiences with virtual trainings shared that fewer providers attended their virtual TIC trainings, and that they felt face-to-face activities and interactions greatly improved trainings and face-to-face interactions were missed among providers and coaches.

With regard to virtual coaching, all sampled counties switched to a virtual coaching platform due to COVID-19. Half of the counties stated that more coaching was conducted with the availability of virtual coaching platforms. Three counties expressed positive experiences with virtual TIC coaching, while three different counties expressed negative experiences with virtual TIC coaching. Two counties stated that coaching is difficult to replicate on a virtual platform due to the lack of in-person, face-to-face engagement and the ability to be in the child care space together. One county stated that less coaching was conducted due to the switch to virtual and another county stated that in-person coaching was missed, but that more coaching was conducted because of the virtual platform option.

Overall, most counties expressed positive experiences with the switch to a virtual platform for both TIC training and coaching. While there was initial hesitation due to the loss of in-person interaction, 8 counties experienced higher provider attendance in their virtual TIC trainings. Furthermore, 11 counties shared that their providers were very, if not more, engaged in the virtual trainings. As we emerge from the pandemic and return to in-person meetings, these results indicate maintaining a virtual training and coaching option for providers would increase access to and use of these valuable services.

TIC Training that were adaptable to the needs of the providers drew more consistent attendance and engagement

TIC trainers that were able to offer flexible training and coaching scheduling options for providers experienced a higher rate of success in attendance and participation in both trainings and coaching sessions. Three counties specifically noted the success they had after they began to offer trainings at various times to accommodate providers' busy schedules. Trainers received feedback that providers liked when they could access trainings on their own time, such as recordings of the training or access to the videos and various resources online. Altogether, the virtual platform was valued by many providers and trainers in the study.

TIC programs that integrated a continuous feedback loop into their trainings and coaching session procedures were able to better adapt their program to meet the needs of providers. This helped maintain consistent attendance and participation. Half of the counties specifically shared that they were able to adapt their TIC program to better fit the needs of the providers they served by asking for and implementing provider feedback after training and coaching sessions. For example, three counties adjusted the TIC training curriculum, breaking down the series into smaller, more palatable modules. One county stated providers began to come to them with topics they wanted to learn more about, such as caring for a child with additional developmental needs. Bridge staff mentioned the most common requested topics included "basics of trauma," "creating a positive experience for children, and "self-care." One out of every three Bridge staff interviewed expressed a need for coaching on "effective communication" and "decreasing triggers." Notably, three counties made a switch to group coaching and found great success utilizing this approach.

Across the board, self-care trainings were well received and highly praised by providers. Given the state of the world and the heavy weight on child care provider's shoulders, many providers needed reminders it is necessary to care for themselves before caring for others. Seventy-five percent of Bridge staff mentioned how valuable the self-care trainings were for their providers and providers gave feedback that they felt more capable caring for others now that they learned how important it is to take care of themselves first; It is highly recommended by the study authors to always include a self-care module within the TIC curriculum.

Additional support in marketing, outreach, and advertising TIC training and coaching is necessary

Half of the counties evaluated expressed the need for additional support in marketing, outreach, and advertising TIC training and coaching programs. These six counties stated that they experienced challenges with TIC enrollment due to a lack of outreach materials and resources to advertise the TIC coaching and training program. Conversely, half of the counties found success using incentives in their enrollment efforts, specifically TIC-related incentives such as mindfulness cards or materials for a cozy corner. Seven counties wanted to increase their use of incentives to support higher enrollment in TIC training and coaching.

Counties specifically expressed the need for informational and eye-catching marketing tools and resources that will stand out against all the other emails, updates, and information providers receive on a daily basis. A few counties expressed goals to work with their existing partners, such as Head Start and DPSS, to help market and spread the word even further regarding TIC training and coaching. In order to maximize outreach y these larger partners, counties need informational and eye-catching marketing materials that partners can use to advertise the TIC program to their larger list-serves. Various marketing tools have been suggested by evaluated counties. For example, using social media more effectively, mailing flyers to stand out against the multitude of emails, and more consistent e-blasts to remind providers of the schedule and various benefits of TIC training and coaching. A recommendation from the evaluators is to create a one sheet with a very clear description of what TIC is and how it will benefit the child care, provider, children, and families. Trauma-informed care training and coaching has the opportunity to benefit all aspects of child care and this should be reflected in its advertising.

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> ***We need incentives for participation. This has been a continuous challenge for us because we're in competition with other programs within our [own] agency. A lot of the other programs provide incentives, and we do not provide incentives.***
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> **– Later Implementing County**
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Findings: Program Implementation

Bridge Program Varied Little Across Programs

As stated previously, there were very few guidelines for implementation of the Bridge Program at a statewide level, and counties were able to design the program to meet their county's specific needs. Even with this flexibility, the counties that participated in this evaluation varied little in how they implemented the Bridge Program. All counties mentioned that the Bridge process began with the social worker submitting a Bridge referral to the CCN. Staff from half of the counties mentioned that the CCN made contact with caregivers within 24 hours of receiving a Bridge referral. It was noted that 50% of all counties in the study used encrypted emails when submitting referrals via email, while the other counties faxed or hand delivered paper referrals. Results from the All-County survey showed similar findings, with 66% of counties stating the process began with the social worker connecting with the CCN via email or an online portal.

Overall, counties did not mention experiencing any challenges or concerns related to the process for submitting referrals and contacting caregivers. Two-thirds of CCNs mentioned they did not have any program implementation changes due to COVID-19 and the referral process from Child Welfare to the CCN did not change during the pandemic. In contrast, two-thirds of child welfare agencies mentioned experiencing challenges with Bridge referrals primarily due to COVID-19 causing closures to both schools and child care facilities. In addition, counties saw a fluctuation in the number of referrals increasing and decreasing in response to the changing regulations and policies taking place statewide due to COVID-19. At least half of counties mentioned receiving fewer referrals in the early stages of the pandemic, but saw their numbers return to average once COVID-19 restrictions loosened.

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> *The process itself, the eligibility, and all of that remains the same, but the process because of COVID. And we were no longer seeing in person appointments and such. We've gone more virtual in regards to the enrollment, collecting of the paperwork, electronic signatures, trainings, and coaching all had to be via zoom or over the phones.*
>
> **– Early Implementing County**
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Recommendation: Keep changes made during the Pandemic

County administrators and staff were asked about which pandemic-related policy and procedure changes they plan to continue. In response to the pandemic, 75% of programs were conducting operations and communications with families virtually (Zoom meetings, phone calls, and emails) and reduced the frequency of required meetings. Additionally, one-third of programs instituted- and have made permanent- the use of digital signatures on documents and attendance sheets. From the families' perspective, the majority of caregivers interviewed indicated that it was easy to enroll and participate in the Bridge program. Moreover, 30% of caregivers noted that certain changes to the program made in response to COVID-19 were positive and should be made permanent. These changes included the option to complete paperwork and conduct appointments online, requiring less paperwork, and frequent reminders of when benefits are ending. Caregivers also noted that it would be beneficial for child care to begin at the beginning of the Bridge verification process in order to decrease the amount of time that they had to take off work and reducing any out-of-pocket charges for care. All of these recommendations aim to ease the burden on both families and providers by simplifying procedures, making processes more convenient, and the program more accessible.

Relationships and collaboration were key elements of success

The main finding from the KIIs with staff implementing the Bridge Program was that good working relationships with partner agencies in the program was a key element in the successful implementation of the program. At least 75% of counties stated that collaboration, networking, and establishing a working relationship with a partner agency was necessary to maintain a communicative and quality relationship while implementing the Bridge Program. Additionally, 11 out of the 12 counties interviewed stated they had good working relationships with their partners in the Bridge Program, while one county felt more communication was needed. Half of the participating counties had previous relationships with their partner agency through the subsidy or alternative payment program. Furthermore, all of the mid-implementing counties had a previous relationship with their partner agency prior to the Bridge Program, which help to facilitate a communicative and trusting relationship. For two out of the three later implementing counties, only one had a previous relationship and the others were still working to improve their relationship.

Figure 3. Relationships and Collaboration Were Key Elements for Successful Implementation

While many of the staff expressed the importance of collaboration and having an existing relationship with their partner agency, they also shared that they benefitted from having support from external agencies. All counties stated that they had partnerships with outside agencies to support the implementation of the Bridge Program. Many of these outside agencies provided assistance with trauma-informed care coaching and trainings. In addition to partnering with outside agencies on the TIC portion, they also worked with Head Start programs, county First 5 agencies,, and local non-profits in order to connect families to supportive services. Outside agency partnerships were especially important for counties serving larger numbers of Bridge families.

Whether internal or external, effective communication between partners and partnering organizations is essential to the Bridge Program's success. Given that this program operates within the intersection of both the child welfare and ECE systems, 58% of counties noted that having a mutual understanding of goals, values, and roles was integral to the success of the program. Additionally, more than 80% of child welfare agencies mentioned effective communication was key when working with their partner agencies.

> *I think it would be helpful for other foster parents to know about it even before they accept placement. Because it can make it can make or break your decision on whether or not to take another placement, if you know that you can get help financially with child care.*
>
> – **San Diego Caregiver**

Facilitating access to Bridge child care by increasing awareness of program and expanding eligibility criteria and funding

The successful implementation of the Bridge Program begs the question of how to best increase program access to serve those most in need. Incidentally, of the caregivers who provided recommendations for program improvement in their interview, one-third suggested a need for improved outreach and program advertising. Caregivers mentioned a lack of awareness of the program and shared that they felt that if more caregivers knew about the program then this could lead to more caregivers accepting a foster child placement. Often, caregivers were only informed about the Bridge Program when the caregiver expressed a need for child care, rather than the program being offered without asking or on the initial request to take in a child.

As stated previously, interviews with program administrators and staff revealed that external partnerships were integral to program successes. Half of the counties described partnering with community resource agencies to share resources for foster families to spread awareness about the program, along with working with school districts and community colleges to reach new foster families. Additionally, program administrators found working with R&R agencies outside of their county resulted in building new relationships and sharing knowledge of each other's programmatic nuances. Some counties mentioned leading informal trainings to help Children's Social Workers understand the Bridge Program, but described the need for a formal training on the program and how to effectively outreach to families.

Another way to expand access to the program is to expand the eligibility criteria. Eligibility for the Bridge Program is broad at the state level, and each county can determine eligibility for the program. In general, foster children birth through age 12, children with exceptional needs, and children with severe disabilities up to age 21 are eligible for the Bridge Program. Caregivers eligible for voucher assistance include: approved resource families, families that have a child placed with them for an emergency or compelling reason and in the process of resource family approval, formerly licensed foster family homes or certified family homes, approved homes of relatives or non-related extended family members in the process of resource family approval, tribally approved homes, or parenting youth in the foster care system and non-minor dependent parents. From interviews in Year 2, five of the 12 counties implemented changes to, or were in the process of expanding, their eligibility criteria. Some are expanding the program to serve children older than birth to five years. Others are creating exceptions to fund sibling sets who are at the same child care program or expanding eligibility to include license-exempt or family, friend, and neighbor child care providers.

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> *With the Bridge Program, when that child is returned to his or her family, the voucher dollars are cut off immediately. So this parent may not have had the burden of paying for childcare for the last six, nine, twelve, months. And now their child or children are back with them. And now they're struggling... financial stress is a big reason that parents neglect or abuse their kids...so more flexibility with voucher dollars to help bio parents, maybe only in the first 90 days.*
>
> **– Mid Implementing County**
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> "

Recommendation: Increase access through expanding the reach and flexibility of the vouchers

Program administrators and staff proposed numerous funding-related recommendations to increase access to the Bridge Program. Specifically, administrators and staff voiced support for increasing flexibility or earmarking additional funds to facilitate out-of-county placements and to provide care to children that are reunified with their biological parent. Two-thirds of county administrators and staff had concerns that the current funds were insufficient to meet the needs of all of their families. Moreover, more than 25% of caregivers felt that program eligibility should be extended to cover the duration in which a child is in foster care. As expressed by numerous caregivers, the need for child care does not end after the 12-month eligibility and thus should continue beyond the current window.

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> *The length of time [of the program]; it would be nice if it would be offered the duration of when you have the kids. Because, that's a huge concern once the Bridge Program is over what we're going to do to pay for childcare.*
>
> **– San Bernardino Caregiver**
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> "

Data is needed for programmatic success

All but one county stated they experienced challenges with data and reporting. The one county that did not experience data challenges received very few Bridge referrals. Child Welfare administrators from 10 of the 12 counties experienced more challenges with data than R&R administrators (4 R&R administrators stated they had challenges). There were more early implementing counties (55%) that had mentioned experiencing challenges with data and reporting while only 27% of mid-implementing counties experienced challenges. Furthermore, counties serving a larger number of families (8 counties) experienced data collection and reporting challenges more often than counties serving smaller numbers of families.

When asked for the top data elements used to determine the success of the Bridge program, 42% of child welfare agencies interviewed mentioned how soon a child is placed in care after receiving a Bridge referral. More than half of the child welfare agencies also mentioned the number of children that are successfully referred to long-term child care as one of their top priorities. The same results were found in the All-County Survey, with 28% of participants stating that the success of their program was dependent on the number of children who are successfully enrolled into long-term child care. According to the All-County Survey, 23% of Bridge administrators and staff also used the number of resource families they serve as a proxy to determine how successful the program is meeting the needs of vulnerable children.

Conclusions

Despite the difficulties associated with implementing a statewide program with broad regulations that allowed each county to design a program that meet the needs of its constituents, the strong partnerships between Child Welfare and Resource & Referral Networks across the state helped to make the Bridge Program a success. By providing caregivers with child care vouchers, a child care navigator to help caregivers navigate not only the child welfare but also the ECE systems, and by providing trauma-informed care training and coaching opportunities for providers, the Bride Program has helped **thousands** of children in need of a loving and stable home. Yet, there are still more that could be done to help ensure that more children in need have access.

- Restructure and enhance funding to ensure equitable access for those who need it most
  - Keep implementation process changes made in response to the pandemic to maintain accessibility and increase convenience for foster families and child care providers
  - Extend the length of the Bridge voucher and have it follow the child after reunification or adoption if the program reduced the economic and emotional stress for resource caregivers, what could it do for biological parents after reunification?
  - Increase funding to allow for expanded eligibility (e.g. more age groups, child care provider types, sibling sets, and out-of-county placements)

- Given the response from both Child Welfare and ECE administrators, ensure a strong Child Welfare-ECE collaborative relationship by funding the administrative support needed to understand one another's goals, structures, values, processes, and maintain an effective working relationship in serving families
- Given the reduction in stress for the foster family as a result of each component of the program, ensure all components are fully funded including the voucher, the navigation, and the TIC training and coaching
- Ensure equitable access to trauma-informed environments for California's most vulnerable children
    - Ensure a broader and deeper capacity for ECE providers to effectively care for traumatized children by providing additional support in marketing, outreach, and advertising TIC training and coaching
    - Increase the likelihood of ECE provider participation in TIC training and coaching by ensuring TIC services meet the needs of ECE providers (e.g., day/time of offering, virtual options, incentive materials, in relevant languages, etc.)

Implementing these recommendations would ensure equitable access to the Bridge Program for California's children and families in the foster care system.

APPENDIX A: STUDY METHODS

All research activities for this project were reviewed and approved by an Institutional Review Board, Advarra, prior to the recruitment of participants and the collection of data. The Research team collected data from a sample of 12 counties across California. Counties were recommended by the CDSS (with input from CCRC), which administers the Bridge Program. Counties were selected to include early implementers (those that began implementing January 2018 - April 2018), mid-range implementers (began implementing May 2018 - October 2018), and later-implementers (began implementing November 2018 and later). One of the late implementing counties was unable to implement the Bridge Program until Year 2 of the evaluation due to delays caused by the COVID-19 pandemic. Both the Child Welfare agency and Resource & Referral/Alternative Payment agency for each selected county were required to agree to participate in the study to be included.

An Advisory Committee was formed to review and provide input on methods, data collection tools and protocols and findings. Members of the Advisory Committee include funders, staff and leaders from CDSS and CDE, statewide advocacy agencies in ECE and Child Welfare, a researcher, a foster parent and child care provider. All tools are reviewed by this group prior to translation (and back-translation) into Spanish and approval by IRB.

Data Collection Methods: Administrative and Program Staff

Based on the Research Questions in the scopes of work approved by First 5 California, Frist 5 San Bernardino, and Heising-Simons Foundation, the CCRC Research team conducted key informant interviews (KIIs) with Child Welfare and ECE Bridge Program administrators, child care navigators, and trauma-informed trainers/coaches who had daily contact with caregivers and child care providers receiving services through the Bridge Program.

After IRB approval of survey and interview tools and protocols for all participants, the Research team contacted Bridge Program administrators and staff to schedule interviews. Information detailing the study and interview questions were sent to participants so that they were able to prepare in advance for the interview. If participants were unable to attend the interview, they were given the option to submit written responses to each question. Interviews were conducted using the Zoom conferencing software and, with participants' permission, the interviews were audio recorded. One Research team member conducted the interview while another team member audio recorded and took notes. Interviews lasted approximately one hour each, depending upon the length of responses from participants. Audio recordings were transcribed with support from Otter.ai software, and then reviewed by a Research team member to facilitate data analysis. Data collection methods were the same across all key informant interviews conducted. Lastly, participants were offered a token of appreciation (e.g., gift card) for their participation in the interview.

Additionally, an online survey was distributed to Bridge Program administrators in all counties implementing the Bridge Program. The survey known as the "All-County Bridge Program Survey" was announced during CDSS' Bi monthly Bridge Program webinar. The questions on the survey focused on programmatic changes, successes and challenges administrators have experienced with the implementation of the program. Bridge Program administrators had approximately two weeks to complete the survey. Bridge Program administrators from 41 out of the 46 counties implementing the program completed the survey.

Data Collection Methods: Caregivers and Child Care Providers

Based on the Research Questions in the scopes of work approved by First 5 California, First 5 San Bernardino, and Heising-Simons Foundation, the Research team conducted key informant interviews with caregivers and child care providers who currently or formerly participated in the Bridge Program (a goal of three caregivers and three child care providers from each of the 12 counties). Caregivers were recruited through the Resource and Referral (R&R) agency in the 12 counties. The Research team developed an online survey for the R&R agencies to distribute to caregivers in the Bridge Program. The survey included recruitment language for the caregivers to elect to be contacted for a phone interview. Caregivers that elected to be contacted for a phone KII, were selected for an interview based on stratified demographic representation (e.g., type of caregiver and language spoken). Online surveys and interviews were available in English and Spanish.

For the child care providers, the Research team developed an online survey for the R&R agencies to distribute to the child care providers they served in the Bridge Program. The survey included recruitment language for child care providers to elect to be contacted for an interview. A sample of the child care providers who elected to be contacted for an interview were contacted to schedule the interview (a goal of three child care providers per county). If more than three child care providers per county opted in for an interview, the Research team selected participants based on ensuring a diverse set of experiences (e.g., child care provider setting, participation in TIC training, participation in TIC coaching, and provider language).

APPENDIX B. TABLE OF BRIDGE STAFF INTERVIEWS

County	Child Welfare Admin	Resource & Referral Admin	Child Care Navigator	Trauma-Informed Care Staff	Total
Colusa	2	2	2	3	**9**
Contra Costa	2	3	1	2	**8**
Glenn	3	2	2	2	**9**
Napa	2	2	2	2	**8**
Riverside	2	2	1	1	**6**
Sacramento	3	3	3	3	**12**
San Benito	2	3	2	2	**9**
San Bernardino	7	5	4	3	**19**
San Diego	2	4	2	2	**10**
San Joaquin	2	3	4	3	**12**
San Luis Obispo	3	6	2	3	**14**
Sonoma	2	2	2	2	**8**
TOTAL	**32**	**37**	**27**	**28**	**124**

APPENDIX C. NUMBER OF CAREGIVER ONLINE SURVEYS RECEIVED BY COUNTY

County	Implementation Timeframe	Number of Surveys Received	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	34	0
Glenn	Mid	9	0
Napa	Later	2	0
Riverside	Later	5	1
Sacramento	Mid	74	1
San Benito	Mid	2	0
San Bernardino	Later	77	1
San Diego	Mid	101	4
San Joaquin	Early	10	0
San Luis Obispo	Early	15	0
Sonoma	Early	6	4
TOTAL	**346**	**335**	**11**

APPENDIX D. NUMBER OF CHILD CARE PROVIDER ONLINE SURVEYS RECEIVED BY COUNTY

County	Implementation Timeframe	Number of Surveys Received	
		English	Spanish
Colusa	Mid	0	0
Contra Costa	Early	20	1
Glenn	Mid	8	6
Napa	Later	3	1
Riverside	Later	2	0
Sacramento	Mid	64	0
San Benito	Mid	2	7
San Bernardino	Later	296	12
San Diego	Mid	120	21
San Joaquin	Early	8	0
San Luis Obispo	Early	14	0
Sonoma	Early	10	13
TOTAL	**608**	**547**	**61**

Strengthening California's Emergency Child Care Bridge Program

CCRC is grateful to the counties who collaborated with us in connecting us to their communities and taking the time to provide their perspectives. We recognize and appreciate the resource parent caregivers and child care providers who gave us their time and shared their experiences. We also express gratitude for the contributions in question development and interpretation of results by members of our Advisory Committee. CCRC acknowledges the contributions to this project by the American Institutes for Research in design and interpretation of results.

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