

Developing a Home-Based Child Care Network: A Technical Assistance Manual

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Introduction



Benefits of Home-based Child Care



Home-based child care (HBCC)—regulated family child care and legally exempt family, friend, and neighbor care (FFN)—provided in the provider’s home or the child’s home is a critical component of early childhood education (ECE). Millions of children under age 13 regularly spend time in these settings. HBCC is the most prevalent form of care for infants and toddlers and for families working nontraditional hours (National Survey of Early Care and Education [NSECE] Project Team, 2015). It is also a common form of care in communities with large proportions of families of color and immigrant populations, as well as rural communities (NSECE, 2015).

Families choose HBCC for many reasons. Studies suggest that families want the intimate, home-like care that HBCC settings offer to small mixed-age groups of children, with opportunities for siblings to remain together. Families also choose these settings for the convenient neighborhood location and affordability (Paulsell et al., 2010). Research indicates trust and cultural congruence are important factors in families’ decisions to use HBCC, especially in their choice of FFN (Powell, 2023). Families who work nontraditional schedules also value the flexible hours offered by HBCC, particularly FFN providers (Bromer et al., 2021).

Home-based child care networks are a proven strategy to recruit, support, and retain HBCC educators in the field.

In 2019, prior to the coronavirus disease 2019 (COVID-19) pandemic, 3,461,600 children below the age of 6 in 35 states with all available parents in the workforce did not have access to regulated child care (Smith et al., 2020). Contributing to this gap in access to regulated child care is the overall decline in the number of family child care homes. More than 90,000 licensed family child care homes closed in the United States between 2011 and 2017 (NCECQA, 2020). Fewer regulated HBCC homes means fewer options for families. In communities without enough child care options, business and economic growth can suffer. **Home-based child care networks are a promising strategy to recruit, support, and retain HBCC providers in the field.**

Definitions

Family child care:

Nonparental child care provided within a caregiver’s home. The term “family child care” refers to all care offered in a provider’s home. The term can also be used to refer to regulated child care that is licensed, registered, or certified. “Family, friend, and neighbor care” is used to refer to unlicensed care in a provider’s home, including license-exempt arrangements.

Home-based child-care network:

An interconnected group of providers and families that come together to enhance supports for home-based child care providers—including quality, access to services, and sustainability—through formal or informal mechanisms (for example, associations, child care resource and referral agencies, provider-led groups, shared services alliances) (Erikson Institute & Home

Home-Based Child Care Networks as a Driver for Supply and Quality

Despite the growing recognition of the importance of HBCC as a significant ECE component, HBCC providers are traditionally overlooked as key constituents in the field (Cortes & Hallam, 2016). As a result, there are missed opportunities to leverage their participation in efforts related to statewide quality, professional development, the child care subsidy program, and supply building. Moreover, through targeted relationship-based quality improvement and professional development efforts, HBCC providers may be more likely to feel included in resources and other professionals in the ECE field. State systems often struggle to reach out to these caregivers and offer support.

The National Center on Early Childhood Quality Assurance (NCECQA) has developed resources with promising strategies for states, territories, and Tribes to engage and sustain HBCC provider participation in regulatory systems and quality improvement initiatives. Staffed family child care networks are among the most promising strategies.

HBCC networks are an important part of the child care solution for families and educators. Successful HBCC networks are built on strengths-based relationships and equity and can take many forms.

The definition of network has evolved during the past decade. The term **Staffed Family Child Care Networks**—community-based organizations with paid staff that offered a range of ongoing services to HBCC providers—was coined in a 2009 Erikson Institute study of HBCC networks (Bromer et al.

2009). Ten years later, Erikson Institute expanded the definition of **HBCC networks** to include specific services (technical assistance, training, and peer support) delivered by a paid staff member to a targeted group of HBCC providers, including FFN settings (Bromer & Porter, 2019). The current definition of **HBCC networks**, developed by Home Grown, is broader: an interconnected group of providers, formal or informal, and families that come together to enhance supports for HBCC, with a focus on quality, access, and sustainability. These networks are a promising strategy to support HBCC providers in delivering positive and nurturing early care and learning environments. Examples of HBCC networks include [All Our Kin](#) and [WHEDCo](#).

Additional information on HBCC and the critical nature of supports for and quality in HBCC may be found in [Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care](#).

Technical assistance on developing and implementing staffed home-based child care networks (SHBCCNs) is available from the National Center on Early Childhood Quality Assurance (NCECQA). NCECQA delivers expert technical assistance in the areas of child care licensing; quality initiatives, including developing SHBCCNs, workforce strategies, and professional development; financing; and supply building. To learn more or request assistance, contact your State Systems Specialist, Office of Child Care Regional Program Specialist, or email QualityAssuranceCenter@ecetta.info. Visit the [NCECQA web page](#) for resources and tools.

How Do I Use This Manual?



This manual is designed for leaders and partners at the state, regional, and local levels who are planning to offer supports to the HBCC provider community through HBCC networks. It provides key considerations and questions necessary to effectively implement networks.

The first section of this manual explores the rationale for adopting networks as a promising approach to improving HBCC quality and the role of HBCC providers in serving a range of diverse populations. The second section explores the critical components of an HBCC network through the lens of benchmarks and indicators that articulate standards for high-quality networks based on evidence from research (Erikson Institute & Home Grown, 2022; Ragonese-Barnes et al., 2022). The third section outlines the four stages of successful network implementation—exploration, installation, initial implementation, and full implementation.

Each section is sequential but may be revisited at any time during network implementation. The appendices include a variety of resources to help implement the strategies laid out in the manual.

HBCC Networks: Supporting Quality, Responsive Care

The 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) Act expanded the objectives of the Child Care and Development Fund (CCDF) program. The law now emphasizes improvement in the overall quality of child care services and programs and supports an increase in the number and percentage of children from families with low incomes in high-quality child care. To meet higher quality standards, HBCC providers need support and resources, as well as inclusion in the decisionmaking process from the start.

Research suggests that network home visits, coaching and consultation, mentoring, and group training show promise as strategies that improve quality in HBCC settings (Ragonese-Barnes et al., 2022). Studies indicate that relationship-based practice is a key element in delivering these services (Ragonese-Barnes et al., 2022). These kinds of support are particularly important because HBCC providers often have limited access to professional development opportunities and resources on quality child care or quality improvement opportunities that meet their schedules, levels of education, and linguistic needs. Furthermore, the network should include diversity, equity, and inclusion principles that reflect authentic inclusion at all levels, including leadership.

How Are HBCC Networks Uniquely Positioned to Affect HBCC Quality?



A central issue facing HBCC providers is the feeling of being valued and respected by the community in their important role as educators, which entails working long hours with young children. This is challenging and demanding work, without the presence of colleagues for backup support or to share experiences. In addition, HBCC providers require services and supports that are specific to meeting the needs of a mixed-age group of children that often includes infants and toddlers as well as school-age children in a home-based environment. HBCC networks understand and value this work: they support the quality of care in ways that build on the strengths of a home-based setting.

Networks offer holistic and responsive programming. HBCC providers have access to a range of services and supports focused on HBCC rather than center-based care. The support provided typically includes some combination of one-on-one supports such as visits to HBCC homes, coaching and

HBCC networks understand and value the work. They support quality of care but do so in a way that builds on the strengths of a home-based setting.

“All Our Kin has proven that when we support family child care, it’s a triple win: providers succeed as business owners; working parents find stable, high-quality child care; and children gain an educational foundation that lays the groundwork for achievement. What’s more, with every dollar invested in a new family child care program, the region experiences a \$15 to \$20 return on investment.”—Jessica Sager, Cofounder and CEO, All Our Kin

“WHEDco helps women build and grow successful home-based childcare businesses throughout the New York City, while improving the quality of childcare available to New Yorkers. Quality childcare during a child’s first five years is crucial to future academic success and can even mitigate some of poverty’s detrimental effects. WHEDco has been featured in the New York Times as an impactful program that lays the foundation for structured learning for children and supports home-based childcare providers throughout the city to become trained and licensed.”—WHEDco

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consultation, and group supports such as training workshops or peer support activities. In addition, networks may offer direct financial and material support along with business and administrative supports for providers. For example, providers who are just starting may need help with licensing and start-up equipment, while providers who are already licensed may seek help implementing a research-based curriculum. Providers may also need supports for navigating other public child care and education systems, such as the CCDF subsidy program and quality improvement system (QRIS). Networks can also reduce the isolation of working alone by offering providers opportunities to connect with their peers and develop ongoing and meaningful professional relationships with network staff.

Networks may support HBCC providers to serve as competent and culturally sensitive caregivers of children who are learning in their home language while simultaneously learning in English. Networks can support providers with limited English proficiency to participate in opportunities such as the child care subsidy program and the Child and Adult Care Food Program. Research shows supporting bilingualism in young children can have wide-ranging benefits, from cognitive and social health early in life to long-term positive impacts.

Networks can serve as a central point for other systems that wish to interact with HBCC professionals. For example, while the local health department may focus on developmental screening, the network can support HBCC professionals' engagement in the initiative. Staffed family child care networks can link the community to HBCC and help the community recognize the important role HBCC holds within the community.



Key Elements of an Effective HBCC Network: Benchmarks and Indications of Quality

In 2022, Home Grown and the Erikson Institute developed a framework for high-quality HBCC networks to help policymakers and organizations that seek to develop or enhance networks. The framework, [Strengthening HBCC Networks: An Evidence-Based Framework for High Quality](#), consists of 11 evidence-based benchmarks and related indicators, which are a set of standards that networks can use to improve outcomes for providers, children, and families. They are intended as a tool to help new and existing networks in a self-assessment or continuous quality improvement (CQI) strategy based on their priorities and needs.

The benchmarks are grouped into three broad categories: why, what, and how, as shown below.

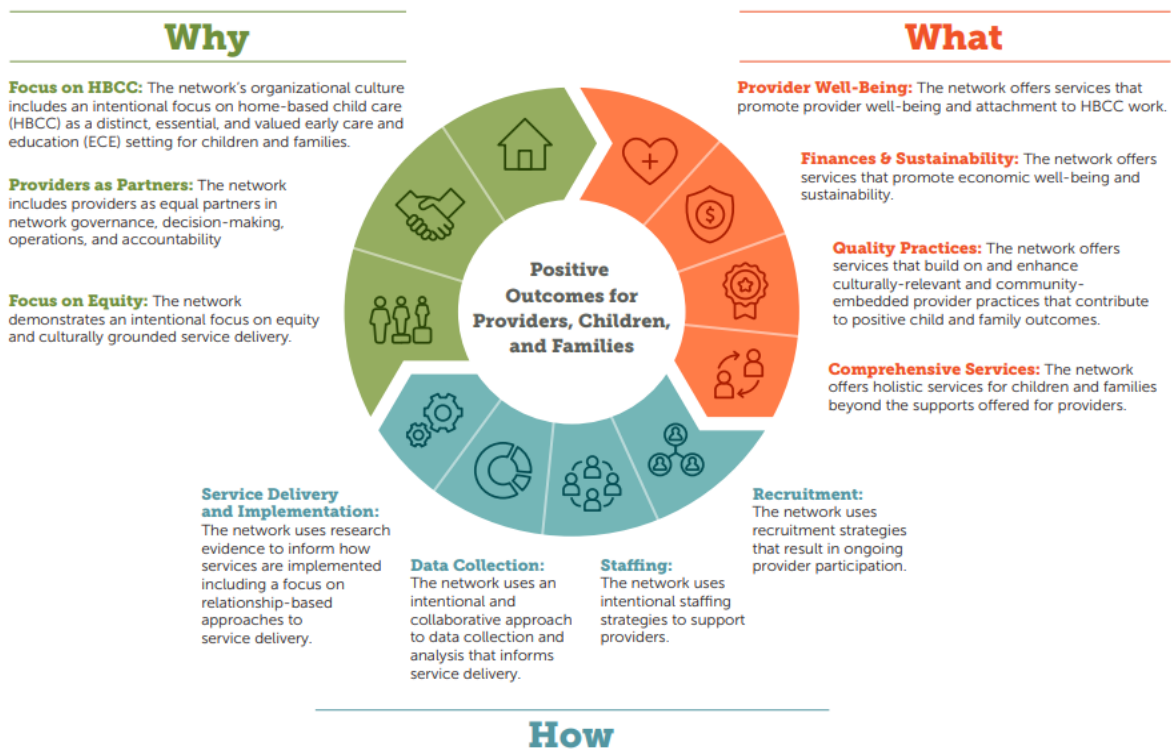
- The three **Why** benchmarks represent fundamental network goals and values:
 - **Organizational culture:** a commitment to HBCC as a distinct and valued ECE setting in the organization's mission and operation; sustained efforts to fund the full cost of meaningful services for HBCC providers; and active collaboration with other community and ECE organizations to promote HBCC
 - **Provider voice:** providers as equal decisionmaking partners in network governance, operations, and accountability; leadership opportunities for providers on advisory boards or the organization's board of directors; preparation for these leadership roles; and transparent information about network management, staffing, revenues, and expenses for providers
 - **Equity:** an intentional focus on equity and culturally grounded service delivery, prioritizing and supporting marginalized providers, children, and families who are Black, Latino or Hispanic, Indigenous, immigrants, or rural to redress historical inequities in access to services; understanding and respecting the diverse backgrounds of HBCC providers and families; and instilling a culture of staff self-reflection to examine their own biases
- The four **What** benchmarks articulate network services that focus on positive outcomes for providers, children, and families and promote the following:
 - **Provider well-being and attachment to the HBCC workforce**, including stress reduction; help with paperwork requirements and payment; access to health, mental health, legal, and social services; and support for provider educational advancement and lifelong learning
 - **Provider economic well-being and sustainability**, including access to benefits; business management; support with full child enrollment and collection of fees; financial and material support; help with navigation of systems; and opportunities for provider advocacy around HBCC
 - **Quality care for children and families**, including training, technical assistance, and peer support activities that promote nurturing environments and health and safety practices; positive interactions with children across mixed-age groups, children with disabilities, and dual language learners; formal and informal learning activities; strong provider and family relationships; and provider engagement in CQI
 - **Comprehensive services** for children and families beyond the supports offered by providers, including lists of community resources; child referrals to developmental, health, mental health, and nutritional screening and assessment; and family referral to material, educational, legal, and health and mental health supports
- The four **How** benchmarks reflect evidence-based strategies and practices for network implementation.
 - **Relationship-based service delivery:** respectful interactions with providers that are grounded in strengths-based attitudes, reciprocal two-way communication, and collaborative goal-setting; services that

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address the logistical realities of providers' experience (scheduling, locations, and communication modes); content and approach; frequency and duration; and differential caseload sizes

- **Intentional and collaborative approaches to data collection and evaluation:** data collection on network operations driven by the theory of change model and provider's voice, including culturally and linguistically responsive data tools that are easy to understand and strategies that reduce burdens on providers; internal and external evaluation of service implementation and outcomes that align with the theory of change model; and use of data for CQI
- **Intentional staffing strategies to support providers:** recruit and hire staff who reflect the cultural, ethnic, and linguistic backgrounds of the HBCC providers in the network; recruit and hire staff who bring an understanding and respect for HBCC; recruit and hire staff who have relevant education and training in child development or ECE and skills or experience in working with adults; provide orientation, preservice, and in-service training; offer individual and group reflective supervision; and offer commensurate staff wages and benefits
- **Recruitment strategies that result in continuing provider participation:** collaboration with trusted community partners to engage providers who are members of the cultural and demographic HBCC community; culturally and linguistically responsive strategies that consider providers' preferred language, education, and literacy levels and type of HBCC; market the network as a place for provider-to-provider sharing; and offer incentives for joining the network

Network Benchmarks



Source: Erikson Institute & Home Grown. (2022). *Strengthening home-based child care networks: An evidence-based framework for high-quality*. <https://homegrownchildcare.org/wp-content/uploads/2023/04/HomeGrown-Erikson-BENCHMARKS-BRIEF-draft6-1.pdf>

Theory of Change and Logic Models

A **theory of change** is an essential driver in effectively designing, operating, and evaluating networks. [Logic models](#) show a process of anticipated change by identifying desired or expected long-term and intermediate network outcomes, the network's target population, and strategies that will be used to reach these goals. Logic models are particularly important for HBCC networks to use in establishing their goals, which are uniquely linked to their intended target population.

Before embarking on the development of a network, partners should clearly define and articulate its vision, scope, and focus. Ideally, a logic model is developed during network design as part of strategic planning. However, network partners can create a logic model at any time to help bring clarity to the work, create consensus or a better understanding of the network, or help focus an evaluation. A clearly articulated logic model will help identify the scope and purview of a network and conceptualize change efforts. A logic model will help partners do the following:

- Articulate their understanding of the current community or state's needs related to HBCC and determine the changes they hope to bring about through network implementation
- Identify who needs to be involved in the network and for whom the network is developed
- Identify activities planned to contribute toward this change
- Determine the resources needed to put into the network
- Clarify assumptions and external factors that could influence results

Considerations for Network Service Delivery Strategies



Ideally, decisions about service delivery strategies are grounded in evidence that suggests the strategy will help produce positive results and informed by valid and reliable data (for example, community child care supply and demand studies, HBCC provider surveys and needs assessments, and statewide child care workforce studies). In addition, networks should consider the reality of using specific strategies (for example, relationship-based professional development, coaching on HBCC quality measurement tools, or warm lines) based on the following:

- The expressed interests, strengths, and needs of HBCC providers
- The community context for the network and HBCC, including other resources and services for families
- Ways to avoid duplication and maximize partnering with resources across all sectors (for example, health, early learning, family support, and community institutions)
- Analysis of the services available and HBCC providers' barriers to accessing these, such as opportunities for trainings and professional development
- Opportunities for training and coordination across resources for other early learning programs (for example, schools and centers, agencies that provide continuing education units)
- Available personnel and funding
- The time it takes to achieve the intermediate outcomes
- Capacity to simultaneously offer multiple network services to HBCC providers

Unlike quality improvement initiatives that may be time-limited or focused on only one mode of service delivery (for example, a training series), networks have the capacity to offer combinations of linked services, such as a practice-

based professional development opportunity accompanied by relationship-based professional development (for example, coaching or mentoring). Networks can also build a continuum based on the levels of intensity and volume of services; participating HBCC providers are engaged on this continuum based on their strengths and needs.

Relationship-Based Approaches to Support



Relationship-based approaches to supporting high-quality child care involve one-on-one engagement between network staff and providers that is respectful and responsive to the needs and circumstances of providers and children in their care. Networks that offer relationship-based supports to HBCC providers include visits to programs focused on helping providers work with children and families as well as opportunities for reciprocal conversations and feedback with network staff via warm lines and other one-on-one interactions (Bromer et al., 2009). Relationship-based supports may help reduce the isolation many providers experience due to the nature of their work environment and affect whether providers access additional professional and personal resources (Porter & Paulsell, 2011).

Components of relationship-based support for providers may include providing emotional support such as personal and professional encouragement, nurturing, and confidentiality (Buell et al., 2002). Cultural sensitivity is another component of relationship-based practice and requires that network staff understand and respect the cultural and community contexts in which providers work and tailor their approaches to support the daily realities and circumstances of providers' lives (Shivers et al., 2011).

The quality of communication between network staff and providers is another key component of high-quality network support for HBCC providers. Communication that is most likely to lead to positive changes in provider practices with children and families focuses on seeking clarification rather than making assumptions and using open-ended and reflective questioning to gather information about and understand providers' perspectives and experiences (Bromer & Korfmacher, 2012).

Select aspects of implementing a relationship-based approach that are articulated throughout the Home Grown and the Erikson Institute Benchmarks and Indicators include the following:

- Benchmark A: Organizational Culture; Benchmark B: Providers as Equal Decisionmaking Partners
 - The network establishes a mission statement, vision, values, and guiding principles for the work of HBCC support and engages staff, providers, and management in the process of creating and holding each other accountable to them.
- Benchmark H: Evidence-Based Services Implementation
 - The network uses a variety of communication methods, supportive of the individual needs of the HBCC providers and allowing for two-way communication and feedback from the providers. HBCC providers receive communication from the network as well as the individual network staff assigned to providers. These methods may include weekly emails, texts, monthly newsletters, phone calls, and printed resources.
 - The network considers HBCC providers' workloads and schedules when planning professional development, visiting, and asking them to engage in reporting and data-collecting practices that must be balanced with other high-priority tasks.

Relationship-Based Approaches to Network Supports

- Are strength-based—support builds on providers' knowledge, strengths, and interests
- Are responsive to providers' perspectives, circumstances, and needs
- Offer emotional support and encouragement
- Ensure provider confidentiality
- Are culturally sensitive
- Encourage two-way communication and feedback among network staff and providers
- Emphasize problem solving and information sharing

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- Network staff are assigned a caseload of HBCC homes and work with these homes consistently rather than rotating through the HBCC homes in the network. The ratio of HBCC providers to network staff should remain low enough to ensure the development of a relationship between the provider and the network staff.
- Benchmark I: Intentional and Collaborative Approach to Data Collection
 - Network staff review and reflect on their work at least once a year through a self-assessment that evaluates the process, outcomes, and fidelity to the mission, values, and guiding principles outlined in the plan.

Network Staff Training and Support



The Benchmarks and Indicators also incorporate standards of support for staff who work with HBCC providers and whose settings differ from center-based child care programs.

- Benchmark J: Intentional Staffing Strategies
 - Networks provide orientations or in-service training for staff that focuses on how to work with HBCC providers, including training on infant and toddler child care within mixed-age groups, working with adult learners, and culturally responsive service delivery.
 - Networks provide training on relationship-based practices and support staff in setting professional boundaries in their work with providers.
 - Networks offer regular opportunities for reflective supervision through one-on-one or group meetings with supervisors. These opportunities enable network staff to gain a deeper understanding of their own beliefs and how those beliefs affect their work with HBCC providers.

Reflective supervision is widely noted in the early childhood field as a key component of relationship-based professional development. Peer support, including opportunities to share strategies and problem solve with other staff, is also important for network specialists as working with family child care can carry its own challenges of isolation and emotional intensity.

The webinar [Reflective Supervision: A Systems Approach](#) provides an excellent overview of the approach. The Office of Head Start's Early Childhood Learning and Knowledge Center provides [extensive resources related to supporting professionals through reflective supervision](#).

Definition

Reflective supervision: Reflective supervision is a supervisor-supervisee relationship that pays attention to the influence of relationships on other relationships and the parallel process and empowers the supervisee to discover solutions and concepts through consciously using strategies that include active listening and waiting. The goal of reflective supervision is to support staff who then support families and create a more effective working relationship (Zero to Three, 2022).

A Stage-Based Framework for Implementing Staffed HBCCNs

The stage-based framework for implementing a HBCC network involves four stages: exploration, installation, initial implementation, and full implementation. In addition, implementation research has included the identification of a set of three core implementation components: using teams to lead implementation efforts, using data and feedback loops to inform decisionmaking and continuous improvement, and developing a sustainable implementation infrastructure. These core implementation components are threaded throughout each implementation stage (Metz et al., 2015). [Figure 1, in Appendix B. An Integrated Stage-Based Conceptual Framework for Network Implementation](#) illustrates how the three core implementation elements are mapped across each of the implementation stages.



Core Implementation Components

1. Using Teams to Lead Implementation Efforts

Implementation teams are groups of individuals who have the task of intentionally monitoring and supporting various aspects of network implementation. Teams may include key personnel such as network coordinators, HBCC providers, and key partners (for example, parents, program developers, funders, child care resource and referral staff, training and technical assistance organizations, and community members). Members of the team should mirror the race, language, and culture of the HBCC providers that are or will be engaged. Ideally, implementation teams are established at every level of the program or to target different aspects of the network. For example, a statewide network implementation model of regionally administered and locally implemented networks may require implementation teams at the state, regional, and local levels to support this larger-scale initiative.

Network implementation teams should have adequate knowledge and skills in several specific areas to be effective team members. Teams should contain one or more members who are knowledgeable about networks or HBCC quality improvement efforts, understand the implementation infrastructure necessary to support networks, and are committed to using data and feedback loops for continuous improvement.

Competencies for Network Implementation Teams

Those implementing the HBCC networks should understand be able to apply the following:

- Network or HBCC quality improvement strategies
- HBCC quality improvement implementation or network infrastructures
- Continuous quality improvement
- System change

Definitions

Implementation teams: Groups of individuals who have the task of intentionally monitoring and supporting various aspects of network implementation.

Continuous quality improvement: The regular assessment and feedback of data across network planning, implementation, and outcomes.

General infrastructure capacity: Skills or characteristics (at the individual level) and the overall functioning (at the organizational and community levels) associated with the ability to implement or improve a network.

2. Using Data and Feedback Loops to Inform Decisionmaking and Continuous Improvement

Successful network implementation relies on **continuous quality improvement (CQI)** through the regular assessment and feedback of data across network planning, implementation, and outcomes. This process can be as simple as soliciting informal verbal feedback about what worked well and what could be improved in the future during planning calls or team meetings. This element is also critical for shoring up feedback loops and connecting current child care policy (for example, the CCDBG Act of 2014 and Head Start Act reauthorization, child care licensing rules and regulations) to practice. Continuous improvement cycles should demonstrate the *Plan, Do, Study, Act* cycle on an organizational scale (see the [National Implementation Research Network, Module 5: Improvement Cycles](#), to learn more about *Plan, Do, Study, Act*).

Select aspects of using data and feedback loops to inform decisionmaking and continuous improvement that are articulated throughout the Benchmarks and Indicators include the following:

- Benchmark I: Intentional and Collaborative Approach to Data Collection
- The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery:
 - Collects meaningful data on network operations that are driven by the theory of change and provider voice
 - Engages in internal or external evaluations to examine the implementation of network services and aligned outcomes for providers, quality, and children and families that are articulated in the theory of change model
 - Uses data about network operations for continuous quality improvement of the network
 - Shares findings from data with providers, families, staff, and external partners in ways that are clear and easy to understand and maintains opportunities for regular feedback loops

3. Developing a Sustainable Implementation Infrastructure

General infrastructure capacity refers to skills or characteristics (at the individual level) and the overall functioning (at the organizational and community levels) associated with the ability to implement or improve a network. For example, when developing general infrastructure capacity to undertake network development, organizations would want to focus on hiring individuals with adequate HBCC quality improvement knowledge and background in working with HBCC providers.

At the organizational level, building the infrastructure capacity for a network would involve developing a clear mission, strong leadership, an effective organizational structure, a good working climate, adequate technology, and data-informed decisionmaking processes. At the community level, building general infrastructure capacity would focus on leadership opportunities for network staff; bringing additional resources to the network to elevate HBCC providers to the next level of quality or accreditation; and making connections outside of the network to build cross-sector community linkages, including links with health, family support, and early learning sectors.

Select aspects of developing a sustainable implementation infrastructure that are articulated throughout the Benchmarks and Indicators include the following:

- Benchmark A: Organizational Culture; Benchmark B: Providers as Equal Decisionmaking Partners
 - The network establishes a mission statement, vision, values, and guiding principles for the work of HBCC support and engages staff, providers, and management in the process of creating and holding each other accountable to them.

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- Benchmark G: Wholistic Services for Children and Families
 - Refers families to needed material, educational, legal, and health and mental health supports.
- Benchmark J: Staffing Strategies
 - Offers orientation, training, and mentorship for new staff as well as in-service training and opportunities for continuing professional development for network staff, including providers hired as consultants.

Stages of Implementation

Stage I: Exploration



The first stage of network implementation is exploration. It occurs well before a network is up and running. It can also occur if a network has been operating long enough to reassess whether the current approach is the best fit for HBCC providers. Team activities in this stage include assessing HBCC community needs, considering possibilities for meeting those needs, judging the feasibility of different network models to meet identified needs, and developing a network action plan and necessary resources for its implementation.

Community Assessment: The Foundation for Program Planning in Head Start is a comprehensive, step-by-step guide that directs a community assessment. The community assessment provides a starting point for understanding community strengths and identifying gaps in services.

To determine if a network is feasible and if states and communities are ready, early childhood leaders and partners should complete one or more of the following activities:

- Complete an assessment of a community or HBCC provider's needs and strengths in that community
- Engage in discussions with HBCC providers (consider both focus groups and one-on-one conversations) to gather information on their needs and develop an understanding of the barriers they face to accessing existing resources
- Explore key considerations for the implementation of team activities, use of data and feedback loops, and network implementation activities
- Conduct a scan of available resources to support network implementation

Engaging in these activities will increase the likelihood a network's efforts are informed by timely and accurate data collection and information on a state or community's readiness for network implementation.

An important resource for state child care system leaders to determine or validate the need to adopt a network approach is [Supporting Access to High-Quality Family Child Care: A Policy Assessment and Planning Tool for States, Territories, and Tribes](#). This resource helps states identify if they have key systems in place to pursue HBCC quality and supply building strategies.

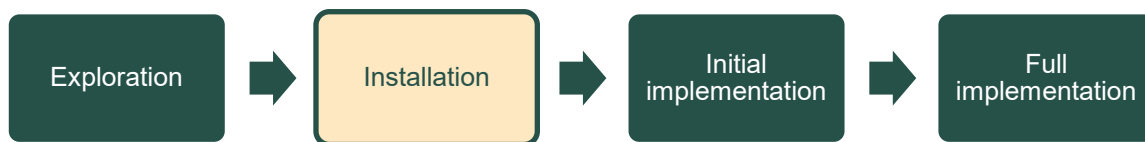
Exploring Key Considerations for Network Implementation



There are many activities and conditions that need to be addressed in the exploration stage. [Appendix C, Table 1, Stage I: Exploring the Feasibility of and Planning for a Staffed Family Child Care Network](#), based on Active Implementation Framework (Metz et al., 2015), provides a series of questions to guide the process. Answering the questions in this table will help a user determine the scope and focus of a network and help complete network logic modeling or action planning. It is a useful source of data for a team or group of individuals beginning or revisiting the execution of a network. Data to answer key considerations in appendix C, table 1 may originate from the following:

- Your community assessment
- Head Start and Early Head Start community assessments
- A scan of available statewide and community-based HBCC resources
- Analysis of resources available to diverse (racially, linguistically, and socioeconomically) groups of families and HBCC providers
- Resource and need data from other partners, such as community centers, immigrant service organizations, faith-based groups, health care services, and human service entities
- Statewide HBCC professional development needs assessments
- State's current CCDF Plan
- Other statewide and community data or reports (for example, child care resource and referral and school readiness data)

Stage II: Installation



During the installation stage, new services are not yet being delivered. However, necessary individual and organizational competencies and supporting infrastructure are being established so that networks can be successfully put in place. [Appendix C, Table 2, Stage II: Network Installation Considerations](#) covers the considerations network implementation teams should address during this stage of the project.

During this time, network teams actively build their capacity to support the implementation of innovations selected during the exploration stage. Implementation teams gather data during this phase and make any adjustments to the network approach, the network implementation supports (for example, training, coaching, leadership strategies), or infrastructure (for example, data collection processes) to facilitate the network's success. This infrastructure takes on many forms across levels of network implementation, including selecting the organizational structure, recruiting and training staff, securing necessary contracts, finding space and equipment, securing organizational supports such as monetary and human capital, and developing new or strengthening existing operating policies and procedures.

Developing a Home-Based Child Care Network

Selecting the Network's Organizational Sponsor

Completing the exploration stage will help teams identify what type of organization is needed and what process to use in selecting a network administrative home. States, territories, and Tribes may solicit a request for proposals (RFP) for purchasing HBCC network services aimed at ensuring quality child care options for eligible families in specific geographic areas and improving the quality of early learning in HBCC homes. The RFP should communicate the expectations and deliverables for the network home.

If it is determined that a fiscal administrative home is the most appropriate approach to implementing a network, partners may use a checklist to define and review roles and responsibilities and outline these in a contractual agreement. While agreements can and should be reviewed and revised over time, a strong agreement forged early in the partnership lays the foundation for a strong and sustainable collaboration.

Networks and contracting agencies may use the [Checklist for Developing a Partnership Agreement or Contract](#) (2014), by the Office of Head Start and Office of Child Care (OCC), as they develop or review their partnership agreements.

Exploring Funding Resources



The logic model and corresponding action plan that implementation teams develop provide clarity on required financial resources for network start-up and implementation. [State, territory, and Tribal CCDF Lead Agencies may use CCDF to implement child care supply building strategies such as staffed family child care networks](#) (Office of Child Care, 2021). At least 20 states and territories report using CCDF funds to support network efforts. An OCC [brief on family child care explains why OCC supports family child care](#):

CCDF grantees can support quality family child care through multiple strategies. States, Territories, and Tribes can directly fund HBCC networks, including by contracting directly with networks for high-quality child care slots. They can also motivate participation in staffed networks or other quality initiatives through higher payment rates. Existing networks or associations of HBCC providers can be a point of connection for State and local early childhood agencies interested in building connections with HBCC providers. (Office of Child Care, n.d., p. 4)

Implementation teams can also access a variety of other funding options to supplement CCDF financial supports. States and communities can also apply for grants and loans to help launch networks. The Federal Government (aside from CCDF), commercial banks, and credit unions are common sources of loans. However, loans require networks to pay interest on the amount borrowed. Grants are awarded without an expectation of repayment. In addition, some local businesses offer financial incentives to child care-related businesses as a strategy to support employee retention by making child care more readily available. In some communities, HBCC providers can even seek financial resources for home improvements.

Information on Federal Grants and Loans

- [Grants.gov](#) has information about more than 1,000 federal grant programs involving 26 federal grant-making agencies. Information on the site can guide you through the process of applying for federal funds.
- [GovLoans.gov](#) has government loan information.
- [U.S. Small Business Administration](#) offers a wide variety of loan programs. Minority-owned businesses and women-owned businesses sometimes receive priority over other applicants.

Developing a Home-Based Child Care Network

Philanthropy

[Foundation Grants to Individuals Online](#) is a nonprofit service organization that offers an online listing of grants to individuals in the United States. [First Children's Finance](#) provides financing tools and resources for making business plans for child care centers and HBCC providers. It provides loans to new child care centers and HBCC providers in selected areas. It also supports expansion, quality improvements, and operations of existing programs. Local community foundations and other philanthropic groups are also good candidates to support networks. All Our Kin Inc., a network in Connecticut, receives support from the Cafritz Foundation and the Washington Women's Foundation because its mission aligns with entrepreneurial and economic networks for women's financial stability. In addition, the [SURDNA Foundation](#) in New York writes extensively about HBCC as a community development strategy. The foundation advocates that the most successful HBCC supports are implemented through community-based institutions offering a combination of services in both business and child development to address the multilayered needs of providers.

Estimating the Cost of Staffed Family Child Care Networks

The [Staffed Family Child Care Network Cost Estimation Tool](#) is designed to help organizations estimate the basic costs of operating a network. The tool is a dynamic model for estimating the operating costs of a network with different services and levels of service intensity in different state and community contexts. The tool builds on other resources available regarding networks and supports an understanding of the expense associated with implementing a staffed network. The tool includes a set of core services to be delivered by the SHBCCN and presents these as a model that varies with the intensity or volume of the service. The services outlined as core to a network have been informed by research about ways to improve the quality of HBCC.

Stage III. Initial Implementation



During the initial implementation stage, network service delivery is first put into place and made available to HBCC providers. The key activities of the initial implementation stage involve strategies to promote continuous improvement. [Table 3, Stage III: Initial Network Implementation Considerations](#) in appendix C, covers key considerations for implementation teams at this stage of network implementation. Six questions to promote continuous improvement during initial implementation are as follows:

1. What does the network look like now? Are we recruiting and serving our target audience?
2. Are we satisfied with how the network service delivery model looks?
3. How will we know if we've been successful with network implementation?
4. What can we do to maintain the success?
5. What can we do to make the network more efficient and durable?
6. What possibilities exist for expanding the reach of the network?

Administering a Network

Identifying Staff Qualifications



Completing the exploration and installation stages as well as a logic model will support the identification of network staff qualifications. Specific elements of the logic model will drive the roles and responsibilities of network staff, which should subsequently determine the qualifications for various network personnel.

In developing the logic model, one should consider whether staff should be of similar backgrounds, such as race and language spoken, to the HBCC providers they will work with and the importance of staff understanding the context of the neighborhoods and communities they will work in. Other qualifications to consider include a degree in child development, education, or a related field; experience working as an HBCC provider or in the ECE field; experience working with HBCC providers; experience working with adult learners as a trainer or coach; and knowledge of HBCC programs and supports. The goal is to identify qualified staff who are culturally and linguistically responsive and reflect the demographics of the HBCC providers in the community that they will serve.

Roles and Responsibilities

HBCC network specialists may be expected to support FFN caregivers becoming licensed, help HBCC providers advance along a state's quality framework, plan and conduct training sessions onsite for HBCC providers, or provide technical support to the network during program evaluation. To be successful, HBCC networks require sufficient and dedicated staff to fulfill the various roles.

All Our Kin, Inc., a Connecticut-based nonprofit organization, provides the services and supports of an HBCC network. Its position equivalent to a network specialist is an early childhood educational consultant. All Our Kin seeks candidates who can provide mentoring, coaching, training, technical assistance, and support to family child care providers. The consultant reports to a regional network director. (See the full job description for the educational consultant in [appendix E](#).)

Some responsibilities for this specialist/consultant include the following:

- Providing relationship-based professional development, technical assistance, and consultation
- Designing and facilitating trainings
- Visiting providers at home to conduct assessments and offer one-on-one program support, such as curriculum planning, model lessons, mentoring, coaching, guided practice and feedback, goal setting, and other support as needed
- Problem-solving and collaborating with providers to design responsive strategies
- Linking providers to community resources and supports
- Responding to provider inquiries or requests via email or phone
- Organizing and attending meetings and events that best meet the needs of HBCC providers, which includes evening and weekend hours
- Collecting, entering, maintaining, and reporting data
- Identifying and disseminating information, resources, and research on best practices in early care and education

Stage IV. Full Network Implementation



Evaluation of Network Services

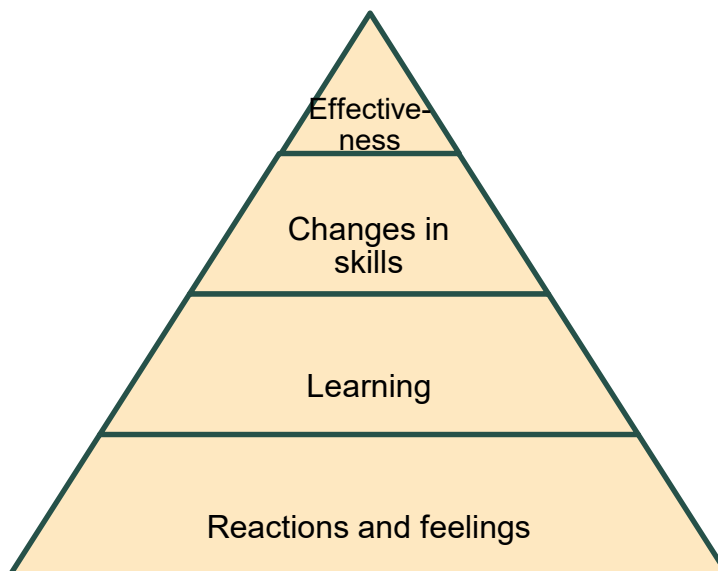
[Evaluation](#), the fourth stage, is a critical element in programs' implementation and should be used to validate the efficacy and continued implementation of networks, as well as inform the CQI of network services. SHBCCN process and outcome evaluation will look at impacts, benefits, and changes to HBCC providers (because of the network efforts) during or after their network participation. As addressed in the logic model, evaluation will examine these types of changes in the short, intermediate, and long term. [Table 4, Stage IV: Full Network Implementation Considerations](#) in appendix C, explores key considerations for ongoing support of network implementation, sustainability, and CQI.

The HBCC network advisory group, which includes HBCC providers, should work collaboratively with the evaluator to refine questions, collect data, help interpret data, and make program decisions based on the evaluation.

Levels of Evaluation

There are four levels of evaluation information networks can gather from HBCC providers:

1. Reactions and feelings (note that feelings are often poor indicators that the service made a lasting impact)
2. Learning (enhanced attitudes, perceptions, or knowledge)
3. Changes in skills (applied learning to enhance behaviors)
4. Effectiveness (improved performance because of enhanced behaviors)



The more the network evaluation captures data at each of these levels, the richer and more useful the evaluation will serve in CQI. See [Table 5. Network Evaluation Data Collection Methods](#) in appendix C, for examples.

Draft the Evaluation Request for Proposal and Select an Evaluation

Funding for the evaluation should be considered as part of the resource discussion during the logic model and action planning process and—if possible—should be built into the initial funding request for the SHBCCN. If evaluation funding is not part of the budget, there may be opportunities for other sources of funding and resources, including private foundations. It also may be helpful to partner with your higher education system to secure resources.

Developing a Home-Based Child Care Network

A decision will need to be made about whether the state or the SHBCCN will issue an RFP to solicit bids for evaluators. When drafting an RFP, it is important to solicit potential evaluators who have the following:

- Experience in the field of early care and education
- Knowledge of the standard assessment tools used in the early childhood field
- The ability to help develop surveys and measurement tools, if needed
- The ability to work collaboratively with the advisory group, SHBCCN, and family child care providers

When choosing an evaluator, the advisory group or planning teams should consider the evaluator's credentials, experience, and level of expertise. Whether SHBCCNs choose professional evaluators, community volunteers, or some combination, they need to think carefully about the fit between the evaluator and the network. How do the network's needs and interests fit in with those of the evaluator? What about the range and quality of their communication skills? Are they culturally sensitive? Are they willing to work as partners with the network and community?

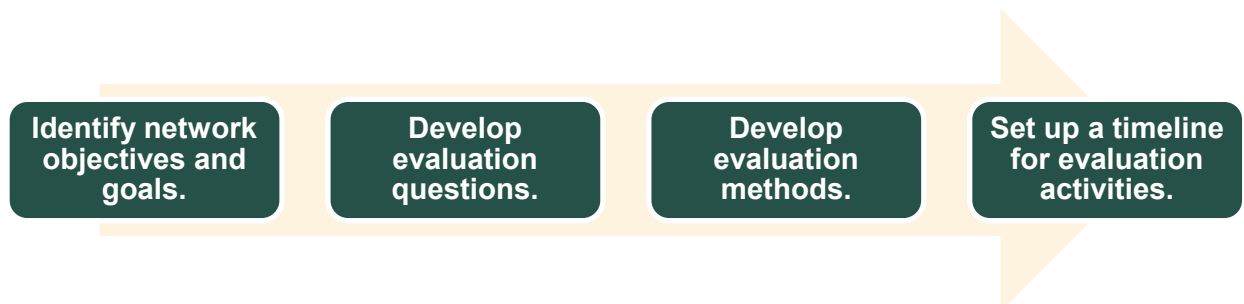
If hiring an external evaluator is cost-prohibitive, teams can still use evaluation methods and benefit from learning about what the network is doing well and how its services can be improved. At the same time, there is a strong chance that data about the SHBCCN may be interpreted with some bias if data are analyzed by the people responsible for ensuring the network is effective and accomplishing its desired outcomes. SHBCCN coordinators and staff may find that objectively evaluating their own work is a difficult task. If possible, network coordinators should have someone outside the network conduct the evaluation and examine and determine the results. SHBCCNs may want to consider a multiple-level approach to evaluation—one that addresses the high cost of external evaluation. First, the network works with an expert to establish an internal evaluation plan and data tracking mechanisms. Data collected at each level will be richer and more useful in the evaluation. Next, based on the available resources, the network conducts an external evaluation every 3 to 5 years as a part of the feedback mechanism.

Designing the Evaluation

Developing and implementing an SHBCCN requires significant human and financial resources. The evaluation can help funders and others determine if the investments are worthwhile. An evaluation of the SHBCCN should be central to the discussion from the initial planning of the network through development and implementation. The evaluation needs to measure the project impact and effectiveness of the strategies and allow for adjustments to the network design, as needed.

There are four main steps to developing an evaluation plan:

1. Identify network objectives and goals.
2. Develop evaluation questions.
3. Develop evaluation methods.
4. Set up a timeline for evaluation activities.



Identifying Program Objectives and Goals

The first step in designing an evaluation is to clarify the network objectives and goals. If a logic model was created in the exploration stage, it can serve as the beginning point for the evaluation design. What are the main things to be accomplished, and what has been established to accomplish them? Clarifying these will help identify which major program components should be evaluated.

Developing Evaluation Questions and Evaluation Methods

Consider the following key questions when designing a network evaluation:

- What purpose will the evaluation serve? What does the network want to know and decide as a result of the evaluation?
- Who are the audiences for the information from the evaluation (for example, CCDF Lead Agency, funders, HBCC providers, or network partners)?
- What kinds of data are needed to inform the evaluation (for example, HBCC quality measures or questionnaires)? Note that the network logic model should contain much of this information.
- Who will provide the evaluation data (for example, network staff, HBCC providers, partners, or funders)?
- How will the data be collected (for example, online questionnaires, family interviews, observations of HBCC providers or employees, or a combination of these methods)?
- When is the information needed (which determines when it must be collected)?
- What resources are available to collect the information?



Categories of Evaluation Questions

There are four main categories of evaluation questions: network planning and implementation issues; assessing attainment of network objectives; network impact on HBCC providers; and network impact on the community. The Center for Community Health and Development's [Community Tool Box](#) lists examples of possible questions and suggested methods to answer those questions.

	Possible Questions	Suggested Methods
Network planning and implementation issues: How well was the network planned out, and how well was that plan put into practice?	<ul style="list-style-type: none"> ■ Who participates and how will they be identified? ■ Is there diversity among participants? ■ Why do HBCC providers enter and leave the network? ■ Are there a variety of network services and alternative activities generated? ■ Do those HBCC providers most in need of help receive network services? 	<ul style="list-style-type: none"> ■ Monitoring system that tracks actions and accomplishments related to the network's goals ■ Network affiliate survey of satisfaction with goals ■ Member survey of satisfaction with outcomes
Assessing attainment of network objectives: How well has the network met its stated objectives?	<ul style="list-style-type: none"> ■ How many HBCC providers participate in the network? ■ How many hours of training do HBCC providers receive from SHBCCN consultants? 	<ul style="list-style-type: none"> ■ Monitoring system that tracks actions and accomplishments related to the network's goals ■ HBCC network member survey of satisfaction with professional development ■ Goal attainment scaling
Network impact on HBCC providers: How much and what kind of a difference has the network made for HBCC providers?	<ul style="list-style-type: none"> ■ How has HBCC provider behavior or program quality changed as a result of participation in the program? ■ Are HBCC providers satisfied with their experiences? ■ Has participation reduced their sense of isolation or increased their connection with peers? ■ Were there any negative results from HBCC provider participation in the program? ■ What economic indicators of impact on the HBCC providers could be tracked (for example, comparing provider earnings before and after network participation)? 	<ul style="list-style-type: none"> ■ Network member survey of satisfaction with goals ■ Member survey of satisfaction with outcomes; behavioral surveys ■ Interviews with HBCC providers ■ Preassessments and post assessments of provider knowledge, skills, and attitudes; observational assessments (for example, the Family Child Care Environment Rating Scale–3rd Edition)
Network impact on the community: How much and what kind of a difference has the network made on the community as a whole?	<ul style="list-style-type: none"> ■ What resulted from the network implementation? ■ Were there any negative results from network services? 	<ul style="list-style-type: none"> ■ Behavioral surveys ■ Interviews with key informants ■ Community-level indicators

	<ul style="list-style-type: none">▪ Do the benefits of the network outweigh the costs?	
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Source: Adapted from Center for Community Health and Development. (n.d.). Chapter 36, Section 5: Conducting concerns surveys. In *Community Tool Box*. University of Kansas. <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/main>

Ongoing Support of the Network

During full implementation, the network organization or structure needs to be able to make the changes necessary to support ongoing network CQI. Infrastructure considerations during full implementation include the following:

- Increasing network efficiency
- Building network staff competency while maintaining effective network practices
- Producing more efficient or effective organizational supports
- Aligning monitoring systems with state and local child care systems (licensing, QRIS, Child and Adult Care Food Program, etc.).

Ongoing Support of the SHBCCN Specialists

Supervision and support for network staff will enhance their capacity and effectiveness. The SHBCCN specialists need support from their managers and peers. The manager, as the direct provider of daily support, oversees the work of the specialist and may design the orientation and preservice training agenda for all new SHBCCN specialists. Similar to the process that the specialists use when providing technical assistance to HBCC providers, the manager may perform needs assessments to ensure that appropriate professional development opportunities are available to support the specialists' skills and knowledge. Peer support, including opportunities to share strategies and problem solve with other specialists, is also important for network staff, as working with HBCC providers can be isolating and challenging at times.

Regularly scheduled meetings are important for sharing information, planning, and ensuring consistency. In addition, policies on the scope and manner of work help define boundaries that can be unclear, such as SHBCCN specialists' relationships with licensing staff and child care providers. Such policies are essential when, for example, the specialist observes possible licensing violations that may need to be reported.

Since SHBCCN specialists often work independently in local communities, a high level of communication, coordination, and support is needed to ensure that the network functions effectively throughout the state. Clear and consistent communication across all levels is basic to the healthy functioning of the network.

- Procedures for consistent service delivery provide guidance to the SHBCCN specialists and those receiving services.
- Guidelines also may be necessary for navigating various levels of technical assistance, training, and collaborative consultation with other agencies.
- Procedures may be necessary if the network is involved in coordinated technical assistance and consultation systems such as a QIS so that roles and responsibilities among the collaborative partners are clear.

Conclusion



HBCC providers are a diverse group of early childhood professionals who have a different set of needs than their early childhood counterparts in center-based programs. States and territories can positively affect young children and families in child care when they commit to adopting promising practices and strategies to support HBCC providers in delivering positive and nurturing early care and learning environments. Networks can positively affect HBCC providers' ability to offer care that respects and reflects the individual needs of children and their specific family dynamics. States and HBCC provider partners can use this manual to reflect on key considerations and questions necessary to effectively develop, implement, and sustain a network.



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Appendix A. Logic Models

Table 1. Logic Model Development Guidance

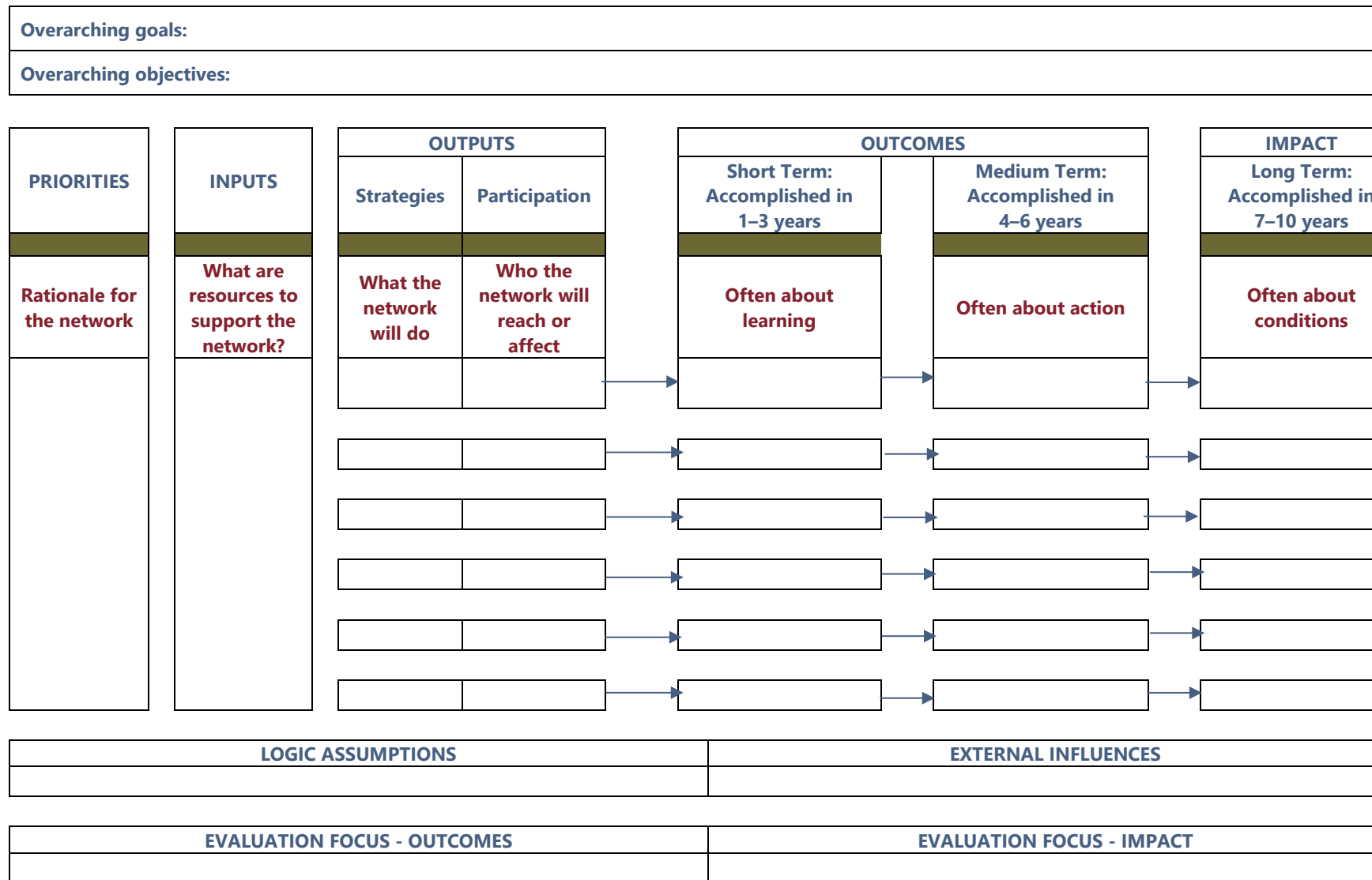
Logic Model Elements	Guidance	Examples
Overarching goals	Enter the overarching goals of the work. These goals typically will not be completely within the program’s sphere of control, but the program works to affect these overarching goals. These are often population-level, broad-based outcomes.	<ul style="list-style-type: none"> ■ Increase the number of licensed HBCC providers. ■ Increase the number of quality HBCC homes. ■ Increase the retention and professional development of HBCC providers. ■ Increase the number of HBCC providers from underserved communities. ■ Increase the cultural and linguistic capacity of existing HBCC providers. ■ Build a cadre of HBCC peer mentors or leaders.
Priorities	Briefly summarize the rationale or context for why the strategies have been selected. Enter short phrases that summarize the problem, any mandates the program is under, and higher-level priorities. Context should be more fully fleshed out in the action plan that accompanies this logical model.	<ul style="list-style-type: none"> ■ HBCC provider recruitment ■ HBCC provider professional development ■ HBCC provider accreditations ■ HBCC retention

Logic Model Elements	Guidance	Examples
Inputs	<p>Describe the existing resources that are available prior to program implementation. These could be reflective of human resources, technology, time, equipment, and other resources.</p>	<ul style="list-style-type: none"> ■ Grant funding from the CCDF Lead Agency ■ Funding for HBCC providers to earn credentials and degrees ■ Completed HBCC provider statewide needs assessment ■ Completed a readiness for change assessment to determine capacity for change ■ Identified the child care resource and referral agency as a fiscal administrative home ■ Data showing child care deserts and existing HBCC homes
Outputs	<p>Describe, at a high level, what the network does, and for whom.</p> <ul style="list-style-type: none"> ■ Strategies: A strategy is a broad approach by which the network will achieve its objectives. These are not the specific day-to-day activities. They describe clusters of activities and tasks that will be conducted in order to accomplish the outcomes. Strategies should be written using action words such as “form workgroup,” “gather data,” and “conduct survey.” Strategies will become more thorough when you describe their associated milestones and key activities in the action plan. ■ Participation: Describe the immediate target population associated with the strategy (e.g., FFN providers). In other words, describe who the strategy affects. 	<p>Strategies</p> <ul style="list-style-type: none"> ■ Facilitate HBCC quality improvement communities of practice. ■ Provide onsite coaching for HBCC providers on HBCC quality measures. ■ Deliver technical assistance to FFN caregivers on how to become licensed HBCC providers. ■ Implement family place libraries. <p>Participation</p> <ul style="list-style-type: none"> ■ HBCC providers ■ FFN care providers ■ Professional development providers ■ Quality rating and improvement system coaches ■ Staffed HBCC network consultants

Logic Model Elements	Guidance	Examples
Outcomes	<p>Outcomes refer to the changes that are expected to occur as a direct result of implementing the strategies. They often reflect a change in attitudes, behaviors, knowledge, skills, status, or level of functioning. Short-term outcomes can typically be accomplished in 1 to 3 years and are often expressed at the level of individual change. Intermediate-term outcomes may take 4 to 6 years. These usually build on the progress expected by the short-term outcomes. Outcomes are written as objectives in your action plan.</p>	<p>Short Term</p> <ul style="list-style-type: none"> ■ Improved HBCC health and safety practices ■ More HBCC providers with infant/toddler credentials <p>Intermediate Term</p> <ul style="list-style-type: none"> ■ After 3 years, 10% more HBCC homes exceed child care licensing requirements for health and safety. ■ After 2 years of network complementation, 20% more licensed HBCC providers receive relationship-based professional development.
Impact	<p>Impacts are the long-term changes that are expected to happen if the strategies are carried out effectively and sustained. These are often about conditions and may take 7 to 10 years to accomplish.</p>	<p>Long Term</p> <ul style="list-style-type: none"> ■ Each region in the state has a fully staffed and operating HBCC network. ■ QRIS partners work with networks to provide quality coaching. ■ Networks provide quality improvement support to all HBCC programs participating in their QRIS. ■ The HBCC network has HBCC peer mentors paid to work with new HBCC professionals.
Logic assumptions	<p>Describe the logic behind your underlying assumptions about why the strategies will produce the desired short-term outcomes, and why the short-term outcomes will lead to long-term outcomes and impacts. Include any evidence-based linkages, where applicable.</p>	<ul style="list-style-type: none"> ■ Research links relationship-based coaching on quality assessments as a promising practice to increase HBCC provider quality. ■ Research shows that implementation teams can increase the success of network implementation.

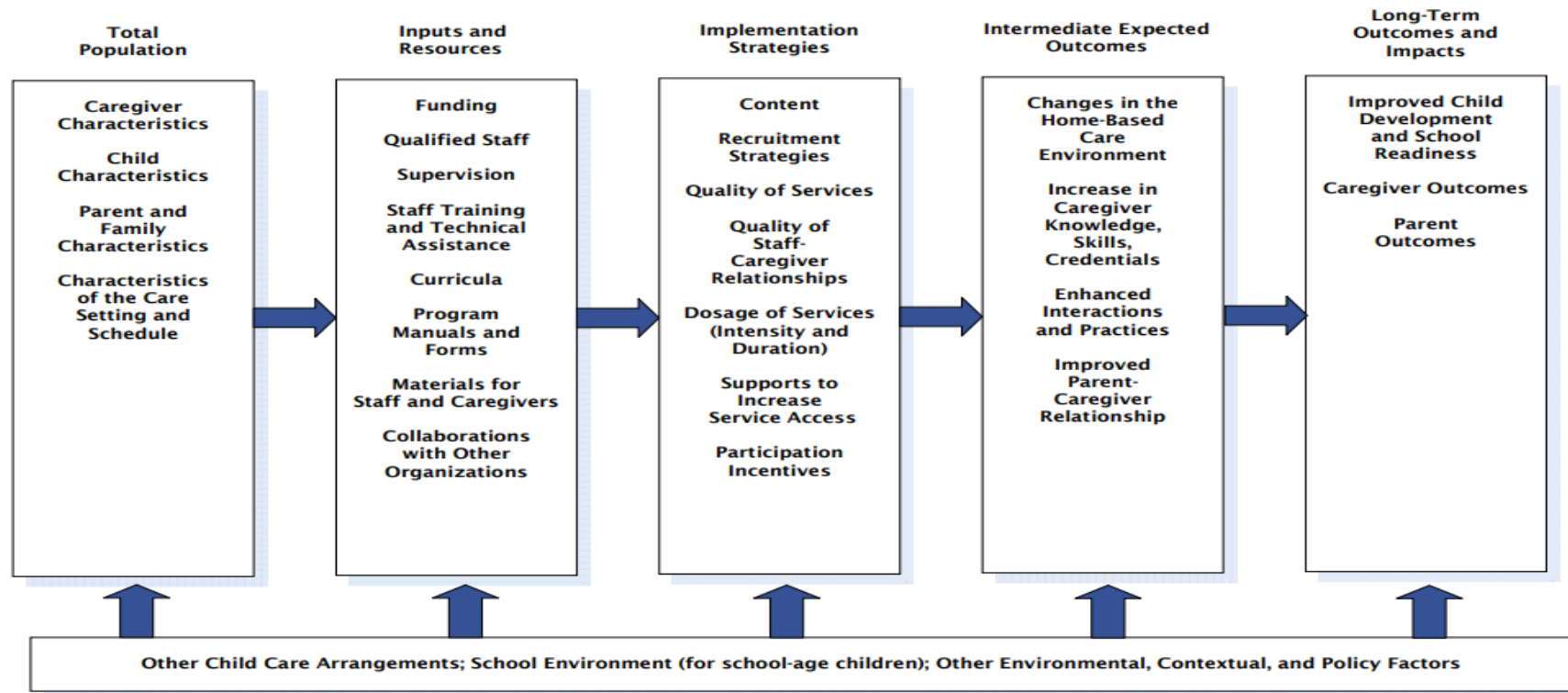
Logic Model Elements	Guidance	Examples
External factors	Describe the environment surrounding your program. You may want to describe the political environment and how it affects your work, any pending changes that need to be monitored, or partner concerns to be addressed.	On November 19, 2014, the President signed into law bipartisan legislation that reauthorized the CCDBG Act for the first time since 1996. The law made many important statutory changes focused on reforming child care to better support the success of both parents and children in low-income families and increase their access to healthy, safe, high-quality child care.
Evaluation focus	<p>Describe any external factors that could influence the success of your program or that may need to be monitored throughout. This element is optional.</p> <p>Evaluation focus–Outputs: Briefly describe what outputs might need to be evaluated.</p> <p>Evaluation focus–Outcomes: Briefly describe what outcomes might need to be evaluated.</p>	<p>Outputs</p> <ul style="list-style-type: none"> ■ Reach of training efforts ■ Number of quality assessments conducted ■ Number of HBCC programs with coaches <p>Outcomes</p> <ul style="list-style-type: none"> ■ Improvement in HBCC program quality as measured by quality assessment ■ Increase in HBCC provider self-efficacy

Figure 1. Sample Logic Model Template



Sample Logic Model for Home-Based Care Initiative

Figure 1. Illustrative Logic Model for a Home-Based Care Initiative



Source: Example from Paulsell, D., Porter, T., & Kirby, G. (2010). *Supporting quality in home-based child care: Final brief*. Mathematica Policy Research, Inc. https://www.acf.hhs.gov/sites/default/files/documents/opre/supporting_brief.pdf

Appendix B. Conceptual Framework

Figure 1. An Integrated Stage-Based Conceptual Framework for Network Implementation

Implementation Component	Network Exploration	Network Installation	Initial Network Implementation	Full Network Implementation
Network implementation teams	Form network implementation teams; develop the team's work and communication protocols	Establish or adopt network implementation team competencies; confirm availability of resources to support the network	Problem solve what is and is not working in the network and use data at each meeting to promote improvement	Use network CQI data; develop and test improvements
Data and feedback loops	Conduct needs assessment; develop network logic model; determine fit, feasibility, and readiness	Assess network infrastructure gaps; implement network policy practice feedback loops and assess team competencies	Assess network usage and test data to stabilize an evidence-based approach	Assess network outcomes; collect data to determine fidelity and quality improvement directions
Implementation infrastructure	Determine necessary system components to support practice and organization and system change	Develop required infrastructure elements to support network practice and organization and systems change	Improve network elements to support network practice and organization and systems change	Maintain data-informed practice; produce a more efficient or effective system to support the desired outcomes

Source: Metz, A., Naom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems>

Appendix C. Stages of Network Development

Table 1. Stage I: Exploring the Feasibility of and Planning for a Staffed Family Child Care (HBCC) Network

Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Decisionmaking and Continuous Improvement	Core Activities to Develop Implementation
<p>Selection and Membership</p> <ul style="list-style-type: none"> ■ Has a team been formed to serve as an accountable structure for facilitating the stage-based implementation of a staffed HBCC network? ■ Were team members mutually selected into their roles by volunteering for roles for which they were encouraged to apply? ■ Does each team contain one or more HBCC members or members who are knowledgeable about HBCC quality improvement supports, implementation infrastructure, and use of data to inform decisionmaking, improvements, and systems change? ■ Do members represent practice, supervisory, leadership, and policy perspectives either on a single team or through a linked teaming structure? ■ Does the team include program developers or intermediary organizations? <p>Development of a Team Charter</p> <ul style="list-style-type: none"> ■ Does the team have a charter or “terms of reference” (internal memorandum of understanding) that describes how it functions, communicates, makes decisions, and moves forward with its mission and objectives? 	<p>Needs Assessment and Fit and Feasibility</p> <ul style="list-style-type: none"> ■ Needs: What are the needs of the population of focus (e.g., family, friend, and neighbor providers; licensed HBCC providers serving dual language learners)? ■ Fit: Does the network fit (or fight) with current project, context, organizational, and systems values and philosophies? ■ Resources: What resources will be available to the network? What system should we choose to implement the network? ■ Evidence: What is the evidence that a network will work? Under what circumstances and with what populations of focus was this evidence generated? What outcomes can we expect if we implement the network well? ■ Readiness for replication: How well-defined is the network? Do we know the core components that make the network work? Will program development be necessary? How involved will the developer or intermediary organization be? 	<p>Planning for the Implementation Infrastructure</p> <ul style="list-style-type: none"> ■ Implementation teams need to ask how they will be planning for the network infrastructure. <p>Infrastructure to Support Practice</p> <ul style="list-style-type: none"> ■ Are HBCC providers open to the idea of a network? ■ Are the potential organizational mission, leadership, and climate aligned with the network? ■ Will staff with the necessary prerequisites be available? ■ Is training available and affordable? Does training meet best practices for skill development? ■ Who will provide coaching and supervision? ■ What steps will we need to take to ensure a coaching plan is in place? ■ How will staff performance be assessed? What steps are needed to ensure a performance assessment system is in place?

Developing a Home-Based Child Care Network

Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Decisionmaking and Continuous Improvement	Core Activities to Develop Implementation
<p>Development of a Linked Communication Protocol</p> <ul style="list-style-type: none"> Has the team developed a “linked communication protocol” to provide accountability for making decisions and providing feedback? <p>Frequency of Meeting</p> <ul style="list-style-type: none"> Does the core implementation team convene twice a month at a minimum (weekly recommended) at this stage? How often do ancillary teams (e.g., leadership team, community advisory board) meet? 	<ul style="list-style-type: none"> Capacity: Will early childhood practitioners meet minimum qualifications for implementation? Can we make the necessary structural, instrumental, and financial changes necessary? Sustainability: Are there sufficient resources and capacity to sustain the network through full implementation and beyond? <p>Decisions Teams Make During Exploration</p> <ul style="list-style-type: none"> Will the proposed network meet the needs? Does the team have what it takes to move forward? Is moving forward both desirable and feasible? How will these decisions be communicated to others? 	<p>Infrastructure to Support Organization and Systems</p> <ul style="list-style-type: none"> Are there the necessary community connections and resources to move forward with the network? What questions will we need to answer to ensure that implementation is happening as planned? Where will we get this data? What technology needs do we have? What administrative practices may need to change to support network implementation? What policies, procedures, or processes need to be developed or revised? What systems alignment issues will need to be addressed to facilitate network implementation?

Note: The format of this table is from Metz, A., Naom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems>

Table 2. Stage II: Network Installation Considerations

Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation
<p>Development of Team Competencies to Support Network Implementation</p> <p>Does the core implementation team do the following?</p> <ul style="list-style-type: none"> ■ Know and apply HBCC quality improvement strategies and network best practice ■ Know and apply the HBCC quality improvement implementation infrastructures ■ Know and apply HBCC quality improvement cycles ■ Know and apply systems change <p>Development of Policy Practice Feedback Loops</p> <ul style="list-style-type: none"> ■ Has the team developed active processes to gather practice-level information (e.g., barriers to implementation) from HBCC providers and network coordinators implementing the new way of work? Has the team fed this information up the system to the leadership? ■ Has the team developed active processes to ensure that leadership decisions are fed back down the system to network staff? <p>Frequency of Meetings</p> <ul style="list-style-type: none"> ■ Does the core implementation team convene weekly? 	<p>Troubleshooting and Continuous Improvement</p> <ul style="list-style-type: none"> ■ Are the linked communication protocols developed during exploration in place and happening as planned? How can communication be improved? Is the network effectively engaging leadership in the process? ■ If team membership or structure changes, how can the network ensure that implementation team competencies are maintained? ■ What changes need to be made before the network is initiated? ■ Are changes to the network necessary? ■ Are changes to network implementation supports (e.g., training, coaching, leadership strategies) necessary? ■ Are changes to network data collection processes needed? ■ Has the network implementation infrastructure planned for during the exploration stage been developed and installed during this current stage of implementation? ■ Are general capacities in place? ■ Are network-specific capacities in place? 	<p>Installing the Network Implementation Infrastructure</p> <p>Implementation teams need to ask how they will be developing and installing the network infrastructure.</p> <p>Infrastructure Support Practice</p> <ul style="list-style-type: none"> ■ Have readiness plans for HBCC providers or partners increased openness to the network? ■ Has the first cohort of network staff been selected? ■ Has initial network training occurred? ■ Have coaching plans been developed to support network staff in the new way of work? <p>Infrastructure to Support Network Organizations and Systems</p> <ul style="list-style-type: none"> ■ Has leadership expressed commitment to the network? How has this been demonstrated? ■ Have network agreements with community partners been established? ■ Are network partner expectations clear? ■ Have data systems been assessed and determined to be ready (or developed to be ready)? ■ Have policies, procedures, and processes been revised or developed to support the network?

Developing a Home-Based Child Care Network

Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation
<ul style="list-style-type: none"> Does the core network implementation team meet with leadership biweekly? 		
<ul style="list-style-type: none"> How often do ancillary network teams meet? Is this often enough to support implementation? 	<p>Decisions Teams Make During Network Installation</p> <ul style="list-style-type: none"> Is the implementation infrastructure installed (good enough) to move into initial implementation when customers will be seen? How can the implementation infrastructure be improved before network initiation? 	<ul style="list-style-type: none"> Have systems partners been engaged?

Note: The format of this table is from Metz, A., Naoom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems>

Table 3. Stage III: Initial Network Implementation Considerations

Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation
<p>Improvement Cycles</p> <p>Have teams engaged in different types of improvement cycles, including the following?</p> <ul style="list-style-type: none"> Usability testing to stabilize the network model Rapid cycle problem-solving to detect strengths and gaps and develop solutions quickly Policy-practice feedback loops to ensure effective and efficient communication between policy and practice levels <p>Frequency of Meetings</p> <ul style="list-style-type: none"> Does the core implementation team convene monthly or less often? If less often, has this affected implementation negatively, or is the innovation stable enough for less frequent meetings? Does the core implementation team meet with leadership biweekly or at least monthly? Are rapid-cycle problem-solving teams convened as needed? When they are convened, do they meet at least once a week to address the challenge quickly and then disband? <p>Development of a Team Charter</p> <ul style="list-style-type: none"> Does the team need to revisit its team charter? 	<p>Troubleshooting Practitioner Competency</p> <ul style="list-style-type: none"> How satisfied are network staff with the support they have received to implement it? What are data showing about what is working or not working regarding network specialist selection, training, and coaching? What changes might we need to make to strengthen network specialist competency? What are early fidelity or network staff performance assessment data showing about the strength of implementation? <p>Troubleshooting Organizational Supports</p> <ul style="list-style-type: none"> What are the data showing about what is working or not working regarding network organizational and systems supports? What changes might need to be made to strengthen network organizational alignment? What are early outcomes showing about the potential efficacy of the network? <p>Decisions Teams Make During Initial Implementation</p> <ul style="list-style-type: none"> How can the team continue to support the network implementation infrastructure? How can the team more effectively problem solve? 	<p>Infrastructure to Support Practice</p> <ul style="list-style-type: none"> What is being done to support the ongoing readiness of network specialists, coordinators, and administrators? Has there been network staff turnover? How has this been addressed? Has follow-up or professional development occurred? Is this needed? Are network specialists receiving coaching as planned? <p>Infrastructure to Support Organizations and Systems</p> <ul style="list-style-type: none"> Does leadership continue to support the network? How is this demonstrated? Are community partnerships supportive of network implementation goals? Are data systems operable? Are data reports usable? Are data entry and review built into regular practice routines? Are there policy-practice alignment or misalignment issues? How are they being addressed? Are additional system interventions needed (e.g., policy, legislative, funding, community partners)?

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Core Features and Activities of Staffed HBCC Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation
<ul style="list-style-type: none"> ■ Has there been turnover? How are new members onboarded? <p>Linked Communication Protocols</p> <ul style="list-style-type: none"> ■ With whom (specific names, roles) in leadership, management, and the community is the network implementation team meeting and communicating? Has this been effective? 	<ul style="list-style-type: none"> ■ Is the team asking the right questions? ■ Is the team collecting the data needed to guide the decisionmaking? ■ What changes might need to be made to implementation supports or data collection processes? ■ Is the team ready to move to an outcome study? 	

Note: The format of this table is from Metz, A., Naom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems>

Table 4. Stage IV: Full Network Implementation Considerations

Core Features and Activities of Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation Infrastructure (General and Innovation-Specific Capacity)
<p>Improvement Cycles</p> <ul style="list-style-type: none"> Does the team continue to use data and feedback mechanisms to support and improve the functioning of network system components? Please note that it is recommended that the system be formally assessed every 6 months (minimum of annually). <p>Develop and Test Enhancements</p> <p>Now that the implementation supports are routine and integrated into the system, has the core network implementation team assessed the following?</p> <ul style="list-style-type: none"> Whether enhancements to the innovation or implementation infrastructure may reduce the burden of implementation or increase the efficiency of implementation and still lead to similar outcomes Whether enhancements to the innovation or implementation infrastructure might improve outcomes <p>Frequency of Meetings</p> <ul style="list-style-type: none"> Does the core implementation team convene monthly or at least bimonthly? Would implementation benefit from the team meeting more frequently? Does the network core implementation team meet with leadership bimonthly or quarterly? 	<p>Improving Practitioner Competency</p> <ul style="list-style-type: none"> Are practitioners implementing the innovation with fidelity? How might the innovation or implementation infrastructure be enhanced to reduce the burden of implementation or increase the efficiency of developing practitioner competency without compromising outcomes (enhancements)? How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? <p>Improving Organizational Supports</p> <ul style="list-style-type: none"> Is the network getting the intended outcomes? How might the innovation or implementation infrastructure be enhanced to further improve outcomes for children (enhancements)? <p>Decisions Teams Make During Full Implementation</p> <ul style="list-style-type: none"> How will the network be sustained? Is this model ready for large-scale implementation and scale-up? Can the network innovation be scaled up? Should the team develop and test network enhancements? 	<p>Implementation teams need to ask how they will improve and sustain the network infrastructure.</p> <p>Infrastructure to Support Practice</p> <ul style="list-style-type: none"> Can readiness be sustained and extended to new cohorts of practitioners? Are there more efficient or effective ways to train and coach staff? If the model is scaled, would training or coaching components need to be redesigned? <p>Infrastructure to Support Organizations and Systems</p> <ul style="list-style-type: none"> What role can leadership play in replicating or scaling up the network if outcomes are achieved? Are community partnerships facilitative of current and future goals related to implementation (e.g., replication or scaling)? How can data systems become more efficient and practical for helping to solve network implementation challenges? If the network model is scaled, would the data system need to be altered to support more robust analysis or information sharing? What contextual changes have happened that can affect systems alignment?

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Core Features and Activities of Network Implementation Teams	Core Uses of Data and Feedback Loops for Network Decisionmaking and Continuous Improvement	Core Activities to Develop Network Implementation Infrastructure (General and Innovation-Specific Capacity)
<p>Development of a Team Charter</p> <ul style="list-style-type: none"> ■ Does the network team need to revisit its team charter? ■ Has there been network team turnover? How are new members onboarded? <p>Communication Protocols</p> <ul style="list-style-type: none"> ■ What are network staff, supervisors, leadership, and community partners saying about the kinds of supports in place for implementation? ■ Are feedback loops functioning as planned? Do network staff and teams feel like they are heard? ■ Is network leadership getting the information it needs? 	<ul style="list-style-type: none"> ■ What data will the team collect to assess the enhancements? ■ What results will the team need to make the enhancements permanent? 	<ul style="list-style-type: none"> ■ How can we continue to monitor and improve alignment? ■ Are additional system interventions needed (e.g., policy, legislative, funding, community partners)?

Note: The format of this table is from Metz, A., Naom, S. F., Halle, T., & Bartley, L. (2015). *An integrated stage-based framework for implementation of early childhood programs and systems* (OPRE Research Brief OPRE 2015-48). U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. <https://www.acf.hhs.gov/opre/report/integrated-stage-based-framework-implementation-early-childhood-programs-and-systems>

Table 5. Network Evaluation Data Collection Methods

Method	Overall Purpose	Advantages	Challenges
Questionnaires, surveys, and checklists	Used to quickly and easily get lots of information from HBCC providers in a nonthreatening way	<ul style="list-style-type: none"> ■ Are completed anonymously ■ Are inexpensive to administer ■ Provide an easy way to compare and analyze information ■ Are administered to many people ■ Gather lots of data ■ Are easy to obtain; many already exist 	<ul style="list-style-type: none"> ■ Careful feedback might not be captured. ■ Wording can be biased; providers' responses are impersonal. ■ Administering surveys may require a sampling expert. ■ Feedback gathered may miss the full story.
Interviews	Used to fully understand HBCC providers' impressions or experiences or learn more about their answers to questionnaires	<ul style="list-style-type: none"> ■ Provide a full range and depth of information ■ Help develop a relationship with HBCC providers and offer them flexibility 	<ul style="list-style-type: none"> ■ Time intensive ■ Difficult to cross-compare and hard to analyze ■ Can be costly ■ Potentially biased interviewers can affect the responses
Documentation review	Used to get an impression of how the network operates without interrupting operation; involves reviewing applications, finances, memos, minutes, and other related documents	<ul style="list-style-type: none"> ■ Gathers comprehensive and historical information ■ Does not interrupt network operations; information already exists and there are few biases about information 	<ul style="list-style-type: none"> ■ Time intensive and incomplete data ■ Requires a high degree of clarity ■ Restricted by existing data

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Method	Overall Purpose	Advantages	Challenges
Observation	Used to gather accurate information about how a program operates, particularly about processes	<ul style="list-style-type: none"> Provides a view of the network and HBCC operations as they are actually occurring Can be adapted to events as they occur 	<ul style="list-style-type: none"> Difficult to interpret behaviors Requires training and reliability, and investment in psychometrically sound measures of HBCC quality Can be costly
Focus groups	Used to explore a topic in-depth through group discussion (e.g., discussion about reactions to an experience or suggestion or common complaints); useful in evaluation and marketing	<ul style="list-style-type: none"> Quickly and reliably provides common impressions Provides an efficient way to get a range and depth of information in a short time Can convey key information about the network 	<ul style="list-style-type: none"> Can be time consuming to analyze data Requires a good facilitator Can be difficult to schedule 6–8 people together
Case studies	Used to fully understand or depict HBCC providers' experiences in a network and conduct a comprehensive examination through cross-comparison of cases	<ul style="list-style-type: none"> Fully depicts providers' experience in program input, process, and results Provides a powerful means to portray the network to outsiders 	<ul style="list-style-type: none"> Is usually quite time consuming to collect, organize, and describe information Represents a depth of information, rather than a breadth

Appendix D. Additional Resources

- [Addressing the Decreasing Number of Family Child Care Providers in the United States](#) (2020), National Center on Early Childhood Quality Assurance. This resource examines the reasons family child care homes close and offers information that your state, territory, or Tribe can use to solve this problem, including implementing staffed family child care networks.
- [Building Comprehensive Home-Based Child Care Networks: Evaluation Toolkit](#) (2021), Toni Porter, Marina Ragonese-Barnes, and Juliet Bromer. This resource includes tools you can use to collect data to assess your network's progress toward meeting your goals. It is divided into six areas for evaluation: (1) implementation, (2) provider outcomes, (3) quality outcomes, (4) sustainability outcomes, (5) child outcomes, and (6) family outcomes. Each category includes links to relevant instruments and resources.
- [Community Tool Box](#) (n.d.), Center for Community Health and Development. This resource offers guidance for developing logic models and includes templates, checklists, examples, and tools for logic modeling.
- [Dual Language Learner Toolkit](#) (n.d.), Office of Head Start, Early Childhood Learning and Knowledge Center. These resources can be used to support young children who are learning their home languages and English.
- [Engaging Family Child Care Providers in Quality Improvement Systems](#) (2017), National Center on Early Childhood Quality Assurance. This paper discusses outreach strategies and efforts to engage family child care and FFN providers and highlights how considering these providers' unique characteristics can positively influence their ability and willingness to participate in quality improvement efforts.
- [Family Child Care Educators' Perspectives on Leaving, Staying, and Entering the Field](#) (2021), Juliet Bromer, Toni Porter, Samantha Melvin, and Marina Ragonese-Barnes. This resource is the first study to examine the in-depth factors that contribute to family child care (HBCC) educators' decisions to leave or stay in the field. The study included interviews with 30 formerly regulated HBCC educators as well as focus groups and surveys with 149 current HBCC educators in four states (California, Florida, Massachusetts, and Wisconsin).
- [Family Child Care: Supporting Quality](#) (2019), National Center on Afterschool and Summer Enrichment and Child Care State Capacity Building Center. This webinar focused on the supports needed by family child care providers. It examined state policies, systems, and technical assistance strategies to help family child care providers in the provision of high-quality care to children within mixed-age groups.
- [The Family Child Care Network Impact Study: Promising Strategies for Improving Family Child Care Quality](#) (2009), Juliet Bromer. This classic study finds that affiliation with a staffed support network is associated with higher quality among licensed family child care providers. It also identifies network characteristics and services closely associated with higher quality care and some that are not associated at all.
- [FRIENDS Online Learning Center](#) (n.d.), FRIENDS National Center for Community-Based Child Abuse Prevention. This resource offers free distance learning modules, including implementation science, logic models, and continuous quality improvement.
- ["Home Grown Resources: Building Comprehensive Networks"](#) (n.d.), Home Grown. This resource includes an action plan template, a network checklist for state and local administrators, a compendium of programs and tools for networks, and an evaluation toolkit.
- ["Chapter 36: Introduction to Evaluation"](#) (n.d.), Center for Community Health and Development. This chapter in the *Community Tool Box* provides information on how to develop an evaluation plan, identify partners' interests, and conduct a participatory evaluation.
- [Mapping the Family Child Care Network Landscape: Findings from the National Study of Family Child Networks](#) (2019), Erikson Institute. This resource intends to inform policy and programs about network models

Developing a Home-Based Child Care Network

that support home-based child care providers. The multiphase exploratory study consisted of four primary components: (1) a national survey of staffed family child care networks, (2) in-depth interviews with a subsample of network directors about services implementation, (3) development of an assessment tool to examine network staff-provider relationships, and (4) in-depth case studies of two promising networks.

- [“National Resources about Family Child Care”](#) (n.d.), National Center on Early Childhood Quality Assurance. This web page offers briefs and tools about supports and systems for improving quality in family child care settings.
- [Program Development and Evaluation](#) (n.d.), University of Wisconsin-Extension. This free resource offers an online course on developing logic models, examples, templates, and a training and teaching guide.
- [Resources to Support the Full Participation of Young Children Who Are Dual Language Learners \(DLLs\) and Their Families](#) (2017), Camille Catlett, Susan M. Moore, and Clara Pérez-Méndez. This resource provides an extensive list of resources on evidence-based practices, tools, and strategies to support young dual language learners and their families.
- [Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-quality Family Child Care](#) (2017), Juliet Bromer and Toni Porter. This resource outlines a well-informed strategy for supporting high-quality family child care, addresses the support a staff family child care network can provide, outlines the essential elements of an effective network, and illustrates the value networks bring to the family child care profession.
- [Staffed Family Child Care Network Cost Estimation Tool](#) (2017), National Center on Early Childhood Quality Assurance. This resource is designed to help state, regional, and local organizations better understand the costs associated with operating a staffed family child care network.

Supporting Family Child Care in Early Head Start-Child Care Partnerships

- [A Fiscal Management Checklist for Partnerships](#) (2014), Office of Child Care and Office of Head Start. This checklist identifies key issues to be addressed regarding the fiscal aspects of projects in early care and education that involve multiple partners and funding sources.
- [Foundations for Fostering Partnerships in Head Start and Early Head Start](#) (2020), National Center on Program Management and Fiscal Operations. The Partnership Development Checklist can help you design a successful partnership.
- [Planning Guide and Organizational Readiness Chart for Early Head Start and Early Head Start-Child Care Partnerships](#) (2019), Early Childhood National Centers, Office of Head Start, and Office of Child Care. This tool helps programs determine their readiness for planning and implementing an Early Head Start or Early Head Start-Child Care Partnership program.
- The [“Family Child Care Option”](#) web section on the Early Childhood Learning and Knowledge Center includes links to research, regulations, and resources.

Appendix E. Sample Job Description

All Our Kin Early Childhood Educational Consultant Job Description

Network Director Sample Job Description

Position Title: Network Director
Reports to: [insert name]
Position Status: Full-Time
Location: [insert location]
Target Start Date: [insert date]

About All Our Kin:

All Our Kin is a nationally recognized nonprofit organization that trains, supports, and sustains family child care educators to ensure that children and families have the foundations they need to succeed in school and in life. At All Our Kin, we support family child care educators at every stage of their development—from parents and caregivers to professional educators and business owners—using a strength-based, high-touch approach.

Through our programs, family child care providers succeed as early childhood educators and small business owners; parents have access to high-quality, affordable child care, making it possible for them to enter into and remain within the workforce; and infants and toddlers gain the enriching experiences that prepare them to succeed in school and in life. All Our Kin is recognized as a national model and has been proven through studies to raise the quality, availability, and sustainability of family child care.

All Our Kin first opened its doors in a housing development in New Haven, Connecticut, in 1999. Today, we serve over 1,000 family child care educators with networks representing five Connecticut cities and New York City, in addition to the surrounding communities.

What You Will Do

All Our Kin is seeking a highly organized, driven, and skilled leader to join the organization as the [location] Director. All Our Kin's current site in [location] has seen a tremendous response from Family Child Care educators. We are searching for an enthusiastic team player who is looking to make an impact and is excited about being a part of an effective, growing, and dynamic non-profit organization.

We offer a competitive salary and benefits, a flexible schedule, and the opportunity to work with a team of skilled and motivated professionals. In particular, you will:

Strategic Site and Systems Development

- Lead program site; hire and train staff, implement programs, build relationships with internal and external partners including AOK's senior leadership and [location] communities
- Partner with the COO to provide strategic direction for [location] sites and program implementation
- In partnership with the leadership team, shape the vision for All Our Kin growth in the [location] region
- Engage community partners to design programs and services that are responsive to emerging needs
- In partnership with the leadership team, identify and cultivate additional funders, partners, and resources to support All Our Kin's work in the region

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- Ensure fidelity in programs implemented in the [location] region and provide feedback to the All Our Kin Leadership Team to continually strengthen our services

Management and Supervision of Staff

- Hire and manage staff for All Our Kin programs in the region, including but not limited to, Family Child Care Tool Kit Licensing Program, Education Coaching, and Business Development

Program

- Create and support a collaborative team culture committed to All Our Kin's mission and values
- Set performance benchmarks and accountability structures for program outcomes
- Ensure effective team communication using email, team meetings, and other communication methods

Mentorship and Educational Leadership

- Guide and mentor staff to meet performance goals and foster a continuous learning environment
- Observe team members in the field and provide reflective supervision on their practices
- Work with team members to set clearly defined goals for provider growth and provide strategic direction on how to meet those goals
- Support all staff with professional development including child development, leadership, and adult learning
- Provide direct guidance to providers as needed

Program Development, Evaluation, and Continuous Learning

- Analyze and use data to engage the leadership team, staff, and providers on program implementation
- Assess family child care program quality, using research-based observational tools; assess changes in provider skills, knowledge, and attitudes; use other metrics as necessary to evaluate impact and effectiveness
- Partner with the Professional Development team to plan and implement provider trainings
- Report program outcomes to All Our Kin's leadership team and partner with them to ensure we are meeting expectations
- Support Technical Assistance programs in [location]

Policy and Advocacy

- Partner with the Policy team to engage with elected officials at all levels of government (community boards, local, citywide, and statewide) to drive AOK's family child care policy agenda
- Develop an advocacy and policy plan and work with the Policy team, senior leaders, and staff to implement the plan
- Partner with change agents in the community to leverage All Our Kin's impact and transform the quality of education in the city and the region
- Understand, enhance, and navigate the regulatory landscape for family child care in [location]

Organizational Leadership

- Participate in AOK's Leadership Team, Director, and other organizational meetings
- Serve in additional leadership roles, as needed, across programs and sites

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- Support strategic projects throughout the organization
- Work with Finance Team to review site budgets and assess financial data
- Partner with the Development Team to review grants and potential funding opportunities
- Represent the organization at community events and public speaking engagements

Who You Are

Hold deep beliefs in and commitments to:

- Family Child Care and Family Child Care as a business operation
- Making high-quality early care and education available to all children
- Combating systemic racism and injustice
- Value diversity and demonstrate cultural competency
- All Our Kin's mission, core values, and model

Experienced and Able to:

- Speak English fluently, bilingual English and Spanish preferred
- Have an entrepreneurial spirit and experience launching new initiatives
- Be continuously curious, self-correcting, and open to new ideas
- Engage in reflective practices, supervision, and coaching
- Value an asset-based approach to change and understand that process requires sensitivity, flexibility, respect, and commitment
- Be able and willing to seek innovative solutions to organizational and programmatic challenges
- Understand State and City agencies including: [list agencies]

Experience Working in Family Child Care

- Knowledge of [location] communities and landscape, including connections to relevant organizations and community members
- Have excellent interpersonal skills
- Have strong organizational skills and attention to detail, with a demonstrated ability to work independently
- Have the ability to clearly define strategic issues and make tough decisions

Eager to Build on

- 5–8 years of leadership experience
- Experience in non-profit and/ or early childhood education sectors
- Bachelor's degree required; advanced degree preferred

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What You Can Expect

All Our Kin is an innovative, high-impact organization that empowers a growing number of family child care providers, children, and families to succeed. As we scale All Our Kin's reach, we strive to maintain the collaborative, values-centered environment that is our hallmark and to continually invest in the backbone of our organization: our talented, mission-driven team. All Our Kin is an equal opportunity employer and recognizes that diversity and opportunity are fundamental to children's lives and to our work.

Some of the benefits we offer to our staff members include, but are not limited to:

- Competitive salary commensurate with experience
- Medical, Dental, and Vision Insurance
- Vacation time: Three weeks paid annual vacation as well as federal holidays and a December holiday (typically December 24–January 1)
- Retirement Plan: All Our Kin offers a 403(b) plan with company match (3%)

AOK complies with all CDC, Office of Early Childhood, and ADA COVID guidelines and recommendations for educators, children, families, and employees. Masks are required. COVID-19 vaccination or approved exemption and exemption protocol is required for all new hires before start date. Please feel free to contact the People Development and Equity Department if you have any questions.

How to Apply: Please send resume and cover letter to [insert website or name and email address]

Educational Coach Sample Job Description

Position Title: Educational Coach

Reports to: [insert name]

Position Status: Full-Time

Location: [insert location]

Target Start Date: [insert date]

About All Our Kin

All Our Kin is a nationally recognized nonprofit organization that trains, supports, and sustains family child care educators to ensure that children and families have the foundations they need to succeed in school and in life. At All Our Kin, we support family child care educators at every stage of their development—from parents and caregivers to professional educators and business owners—using a strength-based, high-touch approach.

Through our programs, family child care providers succeed as early childhood educators and small business owners; parents have access to high-quality, affordable child care, making it possible for them to enter into and remain within the workforce; and infants and toddlers gain the enriching experiences that prepare them to succeed in school and in life. All Our Kin is recognized as a national model and has been proven through studies to raise the quality, availability, and sustainability of family child care.

All Our Kin first opened its doors in a housing development in New Haven, Connecticut, in 1999. Today, we serve over 1,000 family child care educators with networks representing five Connecticut cities and New York City, in addition to the surrounding communities.

What You Will Do

All Our Kin is seeking a highly organized, skilled early childhood professional to join the [location] team as the Full-Time Education Coach.

In particular, you will:

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- Work one-on-one with family child care providers to improve the quality of their program. This may include goal setting, curriculum planning, modeling, co-teaching, observation, problem-solving, sharing resources, reflecting on practice, and other support as needed.
- Travel to providers' homes regularly. On average, 75% of the week is spent in the field.
- Conduct assessments to gauge quality and areas for growth.
- Design and facilitate professional learning opportunities for providers.
- Respond to provider inquiries or requests in a timely manner.
- Organize and staff in-house training on weeknights and occasional weekends (once a month or every other month)
- Keep detailed records and data of all interactions with providers in [the data system].
- Be part of the All Our Kin team and support community initiatives, collaborate with other staff members and community partners on projects.

Who You Are

You hold deep beliefs in and commitments to:

- Making high-quality early care and education available to all children
- Combating systemic racism and injustice

In addition, you:

- Speak English fluently, bilingual English and Spanish preferred
- Love children and understand the principles of early childhood best practices.
- Have academic background and teaching experience in early childhood education, and experience with birth–3 years.
- Have extensive experience mentoring teachers and understand adult learning.
- Committed to the goal of making high-quality early care and education available to all children.
- Value an asset-based approach to change and understanding that the process requires patience, sensitivity, flexibility, respect, and commitment.
- Value diversity and demonstrate cultural and linguistic competency.
- Understand and respect the provider's knowledge about his/her children's experiences.
- Believe in the All Our Kin mission and model.
- Approach provider development with a growth mindset and believe all providers can improve, whatever their starting point.
- Use reflective practice strategies and skills.
- Take initiative.
- Are an extremely organized, flexible, and creative problem solver. You are a team player.

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- Are proficient in using G-Suite, Excel, Microsoft Word, and Zoom Meeting.
- Possess excellent interpersonal and communication skills.
- Have experience working with people from different backgrounds than your own.

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NATIONAL CENTER ON
Early Childhood Quality Assurance

