Promising Practices for Home Based Child Care | A Review of State-Level Approaches

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Child TRENDS

Introduction

Home Grown is a national collaborative of funders with a mission of increasing access to, and improving the quality of, home-based child care (HBCC) in the Unites States. In spring 2020, Home Grown partnered with Child Trends, a nonprofit research organization committed to improving the lives of children and families across the nation; and Mary Beth Salomone Testa of MBST Solutions, a consulting firm focused on advocating for family child care providers through supportive legislation, to conduct a project exploring promising practices in HBCC policy. The goal of this partnership was to document and highlight supportive and/or innovative policy practices for HBCC around the nation to offer insight to those who might replicate model practices and policies in other localities.

As part of this project, the research team conducted a scan of related policies across the 50 states, plus the District of Columbia (DC), focused on state definitions and regulations, licensing and subsidy, external systems, quality rating and improvement systems (QRIS), and funding. The resulting report, *Promising Policies for Home-Based Child Care: A National Policy Scan*, highlights five state-level policies and approaches that have the potential to support the supply of, equitable access to, or quality of HBCC. The policy scan, available through Home Grown, informed the selection of policies and states profiled in this report.

Overview of Home-Based Child Care

Defining HBCC

In this report, we use HBCC[1] to refer to care provided to children in a home by someone other than their parent or primary caretaker.[i] Across the country, states use a range of terms to refer to these providers—there is no consensus on common terminology used when discussing this segment of early care and education providers.[ii] Commonly used terms across states include family child care, family day care, child development homes, and child care homes.[iii]

HBCC includes a range of different types of care, from large HBCC settings with more than one provider, to less formal family, friend, and neighbor (FFN) care arrangements; for example, a grandparent who cares for grandchildren during the week.

HBCC providers are subjected to different levels of oversight and regulation depending on their size and the state in which they operate. States have different requirements around the number of children a provider can care for in their home and the threshold at which a provider must become licensed or registered with the state (or whether providers are required to be licensed or registered at all). In most states, providers are required to be licensed or registered when they have a certain number of children in their care.[iii] States may also require HBCC providers to be licensed or registered if they participate in certain funding systems, like the Child and Adult Care Food Program (CACFP) or the child care subsidy system. Licensed or registered HBCC providers have certain training and qualification requirements, which also vary by state, and receive ongoing monitoring by state or local agencies. Most states also exempt certain providers from licensing requirements; meaning the providers are formally known to the state but have less oversight than licensed providers.

[1] In state-specific sections, we use each state's terminology to avoid confusion about categories of care.

While licensed, registered, and license-exempt HBCC providers make up a sizeable and visible portion of the early care and education workforce in the country, the majority of HBCC providers are FFN providers who regularly care for children who are not their own, but who are not receiving payment and who tend to have an existing relationship with the children for whom they care.[ii] These providers are often not known to states, since they are not required to be involved with regulatory systems and often do not interact with state and federal funding systems.

Users of HBCC

With over 7 million children birth through age 5 receiving care in a home-based setting, HBCC is the most common type of child care in the United States, particularly for infants, toddlers, and young children living in poverty .[ii,iv] A 2007 study found that HBCC was the most prevalent form of non-parental care for 75 percent of low-income families. Most of these families were using some form of FFN care, while 20 percent used a HBCC arrangement in which care was provided by an unrelated adult outside of the child's home.[v]

Due to a history of systemic inequality and racism in the United States, Black and Hispanic children are more highly represented among children whose families are living in poverty.[vi] Consequently, connecting HBCC providers with the resources they need to succeed has implications for equity in access to high-quality early childhood education.

Supporting HBCC providers also has implications for equitable access for other groups of children and families. Families of children with special needs (e.g., those with developmental disabilities), for example, tend to use informal care arrangements at higher rates than their peers without special needs.[vii] Families who work non-standard or changing hours also tend to rely on HBCC arrangements, both licensed and FFN settings, to meet their needs.[ii, viii] Finally, families with infants and toddlers and families living in rural areas tend to use HBCC at higher rates than other families.[ii, ix] Importantly, families who work non-standard or changing hours and those with infants and toddlers living in rural areas, also tend to have higher rates of economic disadvantage.[ii]

Providers of HBCC

A majority of HBCC providers are between the ages of 30 and 60.[ii] Demographically, just under 40 percent of licensed, regulated, license-exempt, or registered HBCC providers identified their race or ethnicity[2] as African American, Hispanic, or Other and just over 60 percent identified their race as white.[x] This is similar to the demographics of providers working in center-based settings, but differs from the pre-K–12 workforce, which is predominantly white (80 percent).[x] For providers not licensed or registered, this split was 49 percent and 51 percent, respectively.[x]

Over half of HBCC that are licensed, regulated, license-exempt, or registered (and known to states) lived in homes with incomes below the national median in 2011.[x] In 2017, the median hourly wage for HBCC providers[3] was $10.35; this is lower than median wages for preschool teachers in all settings ($13.94), preschool teachers in school settings ($26.88), and kindergarten teachers ($31.29).[x] A historical devaluing of caregiving work traditionally provided by women, and in particular by Black women, has contributed to this gap in wages between child care providers and members of the school-based, pre-K–12 workforce,[xi] an issue that policy has the ability to address.

Most HBCC providers have education beyond secondary school. Sixty-three percent of licensed, regulated, license-exempt, or registered HBCC providers have some college or higher education background and over half (54 percent) of HBCC providers who are not licensed or registered with the state but are paid to

[2] This data comes from the 2016 NSECE survey, which did not separate its data on race and ethnicity.
[3] Defined as self-employed home care providers by the Bureau of Labor Statistics in their Occupational Employment Statistics Survey.

provide care have the same. Just under forty-eight percent of HBCC providers who are not licensed or registered with the state and who are not paid to provide care have some level of higher education.[ii]

HBCC availability across states

The percent of child care spaces available in licensed HBCC varies across states.[xii] Only six states have availability above 25 percent: Minnesota (42 percent), Oregon (32 percent), Montana (31 percent), Indiana (31 percent), North Dakota (28 percent), and California (26 percent).[xii] Nearly half of states have fewer than 10 percent of available child care slots in licensed HBCC settings.[xii] Data on FFN availability and usage across states, however, is not available. Factoring this type of care arrangement into the data would likely demonstrate a higher availability of home-based care arrangements across the country.[4]

Policy Identification and the Case Study Approach

The goal of these case studies is to present examples that examine, at a high level, how promising policies for HBCC are implemented on the ground. We chose policies and states to highlight based on a scan of policies across the 50 states plus DC. The original intent of the scan was to identify states to profile as exemplars of HBCC policy; however, through this work, we learned that there were no individual states that universally had promising practices in HBCC policy across all areas. Based on this finding, we shifted our approach to focus on select policies that surfaced in the scan, highlighting one state for each policy that indicated potential for supporting HBCC. They included:

- Connecting FFN care providers to compensation through subsidy (Oregon),
- Connecting licensed-exempt HBCC providers to the CACFP (Louisiana),
- Building HBCC supply through technical assistance for licensing (Minnesota),
- Integrating licensed HBCC into state early care and education initiatives (Indiana), and
- Engaging FFN care providers in subsidy as a crisis response during COVID-19 (New Mexico).

Datapoints informing the selection of states within each policy area are listed below in Table 1.

[4] A detailed overview of the HBCC landscape across states can be found in this report's accompanying policy scan, *Promising Practices in Policy for Home-Based Child Care: An Overview of State Policies*. The report may be available through Home Grown.

Table 1. Data informing state selection

Compensation & Subsidy	CACFP	Licensing Technical Assistance	Integration into Early Care and Education Initiatives	COVID-19 Crisis Response
Licensing requirements for subsidy receipt	Number of participating HBCC sites	Number of licensing technical assistance supports offered	Percent of HBCC providers participating in QRIS	Changes to basis of payment (e.g., based on attendance, enrollment)
Rate of FFN participation in subsidy	10-year program participation attendance trend	Proportion of licensed providers that are HBCC	States that include family child care (FCC) in their pre-K systems	State emergency child care provisions (e.g., changes to licensing and subsidy criteria for FFN providers)

When choosing topics, we were intentional about selecting policies that have been enacted into state legislation, law, or regulation and that define how HBCC takes place, including the allocation of resources. We were also intentional about not focusing on areas that have been explored in depth in prior research. For example, research has been conducted and continues to be underway on the role of networks in supporting HBCC providers.[xiii,xiv] Less research has been done, however, on topics regarding connections between HBCC providers and the CACFP.

Data collection and analysis

For each of the five policies of interest, the research team developed a list of stakeholders related to the topic we were investigating. We used our team's connections and knowledge of specific states where the policies were being enacted to determine interview contacts. Overall, the team spoke with 20 stakeholders across the five states. In some cases, we conducted interviews with small groups to gain multiple perspectives on an issue. Prior to the interview, each stakeholder was given a list of general topics and a brief description of the project and policy to assist in their preparation. At least two research team members joined each interview, one leading and one notetaking.

The research team debriefed the interviews weekly and as needed throughout the process. Following the completion of all interviews, each team member reviewed the interview notes and the research team met to discuss broad themes and findings. Those findings are described below.

Data limitations

Age of the data. This body of work is based on a scan of existing source material with data from 2017 to 2019. Consequently, it depicts a snapshot in time. Notably, the timing for this work coincided with the COVID-19 pandemic, making an already complex policy environment even more complicated. Because of these issues, these data may not reflect the current situation on the ground in states. To address this limitation, we asked about current practices when interviewing stakeholders to ensure it aligned with the policy scan data and identify differences when practices had changed.

Lack of HBCC provider voice. The scope of this project did not include conducting targeted interviews with HBCC providers in the states where the policies occurred and only represents the views of policymakers, administrators, advocates, and union leaders. To gather provider perspectives, our research team presented

the project findings to and discussed them with a group of HBCC providers convened by Home Grown during the report drafting phase. Future work should include additional conversations with providers both impacted by the policies and in other states and locales where promising policies could potentially be implemented, replicated, or scaled-up.

Representation of states. The nation's most populous states are not included in this scan; however, given the high reliance on HBCC in rural areas of the country, policies and practices in less populous states provide useful information on approaches for HBCC. As noted above, five of the six states with licensed HBCC with availability at over 25 percent of their licensed child care slots have a population under seven million. In interviews, stakeholders repeatedly highlighted the high use of HBCC by families in rural communities. In addition, states consistently profiled as early childhood champions have not necessarily prioritized HBCC providers in their policies. For example, championed policies might have focused on pre-K for 4-year-olds or a push toward quality with a focus on child care centers.[xv]

Each policy highlighted has elements of success that can be generalized to provide information for states with interest in implementing a similar model, as well as aspects of each state's policy environment that are unique and shape their implementation strategies. This is discussed in the section on cross-cutting themes and considerations.

Minimal information on license-exempt care. Much more remains to be uncovered about HBCC care settings and providers that are exempt from state licensing. Existing data sets at the national level largely reflect information gathered from HBCC providers that appear on lists and are known to states through licensing, subsidy, the CACFP, and other state and local systems. Most states, however, do not license providers until they have a certain number of children in their care, meaning there is a segment of the population of providers that function outside of that system. As mentioned above, the majority of HBCC providers are not licensed or regulated and are also not paid for this work.[ii] Two of our case studies explore approaches specifically for FFN care; however, more work should be done to examine policies as well as implementation facilitators and barriers for FFN providers.

Guide to the case studies

When reviewing the case studies below, it is important to recognize context when interpreting findings. In each state highlighted, their unique values, political environment, and regulatory landscape inform the implementation of policies on the ground, as well as the process of policy development. While these states provide helpful examples of how a policy may look in practice, replicating and/or scaling-up these policies will require understanding the landscape of other states and communities in which a policy may be implemented.

The Policy: Connecting Family, Friend, and Neighbor Care Providers to Compensation through Subsidy

Introduction

The child care assistance program, authorized by the Child Care and Development Block Grant (CCDBG), allows states to make choices about which providers are eligible to participate and how much providers are paid. This case study will examine subsidy policy in **Oregon**, which not only allows subsidy for license-exempt HBCC providers, but also has high numbers of HBCC providers participating in the subsidy system.

Key Facts: Oregon

33 percent of all child care providers caring for children receiving Child Care and Development Fund (CCDF) support are registered or certified HBCC providers.

26 percent of CCDF children are served in child care that is legally exempt from licensure, and of those, 51 percent are relatives and 49 percent are non-relatives.

Defining HBCC in Oregon

Oregon has several designations for HBCC providers. There are two types of home-based settings that are required to be regulated by the state:[xvi]

- **Registered family child care homes:** Care for more than 3 children and a maximum of 10 children. The provider's own children are included in the count.
- **Certified family child care homes**: Care for more than 3 children and a maximum of 12 children (can go up to 16 with approval from department); the provider's own children are included in the count. The provider may hire additional staff to assist with child care.

There are also two types of home-based settings that are not required to be registered or certified. These settings are referred to as license-exempt and include:

- **FFN providers**: Care for 3 or fewer children not including the provider's own children. These providers must either be related to all the children in their care or care for children who are all are from the same family.
- **Regulated subsidy providers** (also referred to as FFN providers): Care for non-relative children whose families are eligible for child care assistance, but the provider is not otherwise required to be licensed (registered or certified).

HBCC and subsidy in Oregon

Oregon is a western state with a population of 4,217,737 people,[xvii] including 234,214 children under age 5.[xviii] Across the state, the majority of residents (81%) live in urban areas.[xix] 12,313 paid employees work in child care establishments, and 6,483 individuals are self-employed child care providers.[xx] These individuals work across 1,117 licensed centers; 2,559 registered family child care homes; and 668 certified family child care homes.[xxi]

Table 2. Number of providers receiving and percent of children served with Child Care and Development Fund funds in FY 2018, by care type

	Number of providers	Percent of children
Registered family child care homes	948	36%
Certified family child care homes	551	20%
Legally license-exempt relative care	521	13%
Legally license-exempt nonrelative care	794	13%
Total across all care types	4,424	

Source: Administration for Children and Families. (2019). *FY 2018 CCDF data tables (preliminary).* https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-data-tables-preliminary
Note: The number of providers receiving Child Care and Development Fund funds in FY 2018 is a yearly total rather than a monthly average.

Oregon's approach to subsidy and HBCC engagement

The Oregon Department of Human Services (DHS) oversees child care assistance/subsidy funding, which is referred to as Employment-Related Day Care (ERDC) payments.

HBCC is unionized in Oregon, which occurred through two governor-issued Executive Orders.[5] Since 2005, the American Federation of State, County and Municipal Employees (AFSCME) Council 75 has represented home-based providers who are licensed with the state, including those who do and do not receive subsidy. In 2006 Service Employees International Union (SEIU) Local 503 began representing home-based providers who are exempt from licensing and accept subsidy funds.

A heterogeneous field of caregiving

Interviewees shared that the Department of Education's Early Learning Division intentionally builds regulated HBCC into the child care system to meet families' needs. However, when it comes to FFN providers, interviewees shared that the public tends to perceive this form of care as primarily a support for working parents utilizing subsidy, with little emphasis or expectation around bolstering children's ongoing development.

According to interviewees, the point of entry for child care providers to subsidy is through families. Families typically receive confirmation of subsidy eligibility and then look for a provider who has space, can meet the family's caregiving preferences (e.g., hours of operation, location, etc.) and who will accept the subsidy. Oregon's approach to subsidy allows parents to make decisions about whether they want licensed or licensed-exempt child care providers to care for their children, as both groups are eligible to receive subsidies. Interviewees reported that Oregon's rationale for including both types of providers in subsidy was an acknowledgement that families were relying heavily on unpaid relative care in order to work and

[5] For more information about the history of unionization in Oregon and the move to include two unions for HBCC, please review https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2015/08/GettingOrganized2007.pdf

families needed this support to become or remain employed. In addition, there was recognition that HBCC providers provide culturally and linguistically appropriate care for children and families across the state.

Interviewees reported high turnover for FFN providers involved in subsidy which was attributed to changes in families' subsidy eligibility as well as shifts in their need for care.

Payment practices and communication

Like many states across the country, reimbursement for subsidy funding in Oregon is low. In 2018, just one state set their subsidy payment rate at the federally suggested 75% of market rate for child care costs.[xxii] License-exempt HBCC payment in Oregon ranges from $2.98 per hour to $3.78 per hour, depending on the age of the child and the location in the state. These rates are lower than those for registered and certified family child care.[xxiii]

Interviewees shared that the relationship between license-exempt providers and the state is primarily focused on subsidy transactions, although FFN providers have the option to participate in technical assistance and training through Child Care Resource and Referral (CCR&R) agencies if they are interested. Regulated HBCC providers have interactions through CCR&R agencies,[6]—including required technical assistance and training—the state's Preschool Promise funding, and other opportunities such as quality improvement initiatives.

Access to training and other supports

Licensed-exempt home-based providers receive an initial orientation to the subsidy process and are also required to be trained in First Aid and Cardiopulmonary Resuscitation (CPR).[xvi] Interviewees shared that the SEIU union bargained for additional training that was not available to providers previously, which is delivered by the state's CCR&Rs. In general, however, licensed-exempt providers do not have a relationship with the CCR&Rs even if they are participating in the subsidy program. In contrast, interviewees reported that licensed HBCC providers have a more formal relationship with the CCR&R agencies and more training opportunities.

Implementation successes and challenges

Information from interviews on Oregon's approach to including FFN providers in subsidy provide insight into considerations and approaches for states considering this policy.

Successful strategies for involvement in subsidy

- **Recognizing the importance of FFN care.** Interviewees in Oregon noted that the state's decision to include FFN in subsidy was in part, an acknowledgement that there would not be enough child care slots available to children receiving subsidy without it. In addition, they spoke to the importance of FFN as a support for ensuring families are able to participate in the workforce. Allowing license-exempt HBCC providers to participate in subsidy is a strategy for ensuring access to care, as well as promoting workforce involvement.
- **Having a unifying body for FFN providers.** Having a group that focuses on advocating for FFN and ensuring their inclusion in the subsidy system has been helpful in Oregon. The union plays this role in

[6] CCR&R agencies provide child care related support to families, child care providers, employers, and communities including assisting families in finding child care that meets their needs, helping eligible families obtain child care financial assistance, and collaborating with child care providers, locales, and states to strengthen the care that children and families receive.

the state, offering specific representation for FFN providers who otherwise would have to manage connections to the state's early care and education system on an individual basis.

Challenges for involvement

- **Need for more agency staff focused on FFN providers.** While there are subsidy staff that work with FFN providers on subsidy policy and funding issues, some interviewees felt it would be beneficial to have staff focused more holistically on supporting questions and challenges FFN providers face when offering care. Several interviewees shared that participating providers' main point of contact with the early care and education system focuses on subsidy and occurs via mail with the Direct Pay Unit at the DHS. This can cause communication challenges and delays in service receipt. For instance, providers may not respond to outreach attempts or might not open mail because they are unfamiliar with the individuals and agencies reaching out to them.

Key subsidy policy takeaways from Oregon

A review of Oregon's approach suggests several areas for consideration for FFN involvement in subsidy:

- **Design systems to include FFN providers.** Oregon's system demonstrates that it is possible to incorporate FFN providers into the subsidy system and promote high rates of participation. While there are areas in which more support could be provided, their framework provides an example of the type of structures that can facilitate participation.
- **Provide options for families.** Stakeholders interviewed for this case study emphasized the importance of FFN providers as often the only option for care, particularly in rural areas. They indicated that often, families who were unable to find slots in licensed HBCC or center-based care turned to FFN providers as options to support their child care needs. Involving HBCC in subsidy can be a method for ensuring that a critical source of child care supply receives compensation for their work and that families receiving subsidy are able to find the care arrangements they need. This could be supported with greater intention, clearer communication, and integration of license-exempt HBCC into state systems.
- **Collect and share data across agencies.** States have information about FFN providers once they are enrolled in the subsidy system, but outside of that system, it can be challenging to understand who is included in the full universe of HBCC providers, including FFN. Identifying ways to learn more about the FFN landscape could facilitate higher participation rates or ways to connect families who are struggling to find care to individuals willing to provide it.
- **Designate FFN-focused staff.** State and community-level staff can be a helpful resource for providers who are navigating a new system. In Oregon, providers' primary interactions are with the office that handles subsidy payment. Having staff that specialize in FFN subsidy payments or a designated contact for FFN providers to help them navigate the system may support them with challenges that arise.
- **Develop professional associations for FFN providers.** In Oregon, interviewees shared that the union played a role in facilitating FFN involvement in subsidy and has continued to play a role in supporting FFN providers through training and representation. Other models for professional support could also be used to achieve this goal, including advisory groups or provider councils. HBCC providers in general tend to work individually, or with one or two other staff members, which can make it difficult to have a collective voice to share insight on policies and practices. Building this type of structure into subsidy systems can support involvement from FFN providers.

The Policy: Connecting Licensed-Exempt HBCC Providers to the Child and Adult Care Food Program

Introduction

Key Facts: Louisiana

8,621 HBCC providers in Louisiana participate in the CACFP.

115 HBCC providers are voluntarily registered through the LDOE.

The CACFP, created in 1968, is authorized by the Child Nutrition Act and administered by the U.S. Department of Agriculture (USDA). Participating child care centers, child care homes, after-school programs and adult care settings receive reimbursement for meals and snacks that meet USDA approved standards, as well as training, monitoring, and assistance to support healthy eating in their programs. Local CACFP sponsor organizations contract with state agencies to administer the program to participating HBCC providers in their areas. Most states require HBCC providers to be licensed and/or regulated to participate in the CACFP and have experienced declining participation of HBCC in CACFP over the past several years.[xxiv] In **Louisiana**, however, there has been an increase. This case study provides an opportunity to understand HBCC provider's participation the CACFP, including the role that regulation, monitoring, program, and sponsor agencies play in supporting HBCC providers' links to the CACFP.

Defining HBCC in Louisiana

Louisiana policy uses the term family child care (FCC) provider to identify individuals/settings that provide child care services outside of a child's own home.[7]

- **Family child care provider:** One or more individuals who provide child care services for fewer than 24 hours per day per child for six or fewer children in a private residence other than the residence of the child(ren) for whom care is given. The provider must care for no more than six children including the provider's own children and any other children living at the residence who are under age 13, or age 13 through 17, if they have special needs.[xxv] Care in excess of 24 hours is only allowable if it is due to the nature of the parent's work.

FCC providers are not required to be licensed, but they are regulated by the Louisiana's Family Child Care Provider and In-Home Child Care Provider Registration Law. Registration is voluntary for HBCC, and is focused safety, health, and sanitation.[xxv] Registered FCC providers and settings are inspected by the Office of State Fire Marshal.

If FCC providers choose to participate in child care subsidy/assistance or receive any other state or federal funds, then registration is required through the Louisiana Department of Education (LDOE).[xxv]

HBCC and the CACFP in Louisiana

Louisiana is a southern state with a population of more than 4,600,000 people,[xxvi] including over 307,000 children under age 5.[xxvii] Nearly three quarters of the population (73%) lives in urban areas and just over a

[7] The CACFP in Louisiana uses the term "family day care home" to refer to HBCC providers.

quarter (27%) live in rural areas.[xxviii] Louisiana ranks 48th out of the 50 states—near the bottom—for child well-being according to the Annie E. Casey Foundation, with about a quarter of children (26 percent) living in poverty and 20 percent of children living in high-poverty areas.[xxix] In addition, nearly 16 percent of households are food insecure.[xxx]

There are 115 HBCC providers in the voluntary registration system through the LDOE,[xxxi] which also handles licensing of child care centers. Louisiana has 1,460 licensed centers.[xxxi]

The policy of interest for this case study, the CACFP and its availability to license-exempt providers, operates under the LDOE but is housed in a division that is separate from child care licensing and registration. In 2018, there were 8,621 HBCC participating in the CACFP.[xxxii]

The policy scan revealed that most states have experienced declining participation of HBCC in the CACFP, including nine states where the ten-year CACFP attendance rate was down over 50 percent.[xxxiii] In Louisiana, however, CACFP participation increased by nearly 20 percent during the same frame. Moreover, from FY2017 to FY2018, CACFP participation among HBCC providers decreased nationally by 6 percent, but Louisiana's participation rate remained constant. [xxxii]

Louisiana's approach to the administration of the CACFP

Louisiana does not mandate licensure for HBCC and all HBCC providers have the option to participate in the CACFP, including FFN providers. In the early 1990s, the Louisiana state legislature made a policy decision that HBCC providers must be licensed to receive federal or state funding, and the Louisiana State Department of Social Services (DSS) was charged with overseeing this process. To enable HBCC providers to continue to receive support and compensation through the CACFP, DSS decided that providers could be registered in the CACFP, making the child care licensing mandate less onerous for them. Authority has since been transferred to LDOE to administer child care regulations, subsidy, and the CACFP. HBCC providers that receive federal and state funding outside of or in addition to CACFP are registered by the LDOE's Office of Teaching and Learning, Early Childhood Operations—Division of Licensing and providers whose only source of federal or state funding is CACFP are registered by the LDOE's Division of Nutrition Support.

In accordance with the Child Nutrition Act,[8] child care providers' participation in the CACFP is through local sponsor organizations. Local CACFP sponsors contract with the LDOE to provide oversight, monitoring, training, and payment for HBCC participating in CACFP. The LDOE, in turn, provides oversight to the CACFP sponsors.

HBCC providers participating in the CACFP are required to be inspected by the state fire marshal. Interviewees shared that CACFP staff at the state and local level have worked diligently to develop solid working relationships with the fire marshal. Together, they developed a set of rules and regulations to ensure the children's safety, but that they also felt did not cause undue burden to HBCC providers. For example, provider residences must have smoke detectors, running water, working phones, charged fire extinguishers, two means of exiting in an emergency for sleeping, living, and eating areas, and other safety features. But unlike child care centers, they are not required to have fire walls, triple sinks, or a particular square footage of space.

[8] The federal Child Nutrition Act indicates that family or group day care homes shall "be licensed, or otherwise have approval, by the appropriate Federal, State, or local licensing authority; or be in compliance with appropriate procedures for renewing participation in the program" or "if Federal, State, or local licensing or approval is not available, meet any alternate approval standards established by the appropriate State or local governmental agency." [viii]

HBCC recruitment, participation, and retention into the CACFP

Interviewees shared that CACFP sponsors partner with community members and organizations viewed by HBCC providers as trustworthy. These individuals and organizations work with the sponsor partners to encourage providers to join the program. For example, they might send mailings to churches or schools, or post informational materials on community bulletin boards. Interviewees emphasized that CACFP sponsors make efforts to conduct outreach to where potential HBCC providers might be present.

Despite these approaches, interviewees shared that in some cases, recruitment into the CACFP can be hindered by providers' husbands or boyfriends who live in the house (interviewees identified male partners specifically when discussing this issue). For example, skepticism or concern from a partner regarding external agencies being involved in household affairs, a general distrust of government, and suspicions regarding what other expectations might come along with accepting CACFP reimbursement, has led some eligible providers to decline to participate in the program despite articulating an initial interest.

Interviewees also reported consistent turnover of HBCC providers within the CACFP. They indicated that participant turnover is an expected feature of the program given the changing needs of families and providers who participate, especially lower-income families and the providers who serve them. This was attributed to instability of employment in the low-wage workforce and changes in needs between HBCC providers and caregivers. For example, if a provider cares for children for a family member, once the child care arrangement is terminated, the provider is no longer eligible for the CACFP.

Monitoring and support for compliance

HBCC registration in the CACFP includes an inspection from the fire marshal and an additional annual inspection from LDOE. CACFP sponsors, however, can visit HBCC settings up to five times per year (one annual visit for every meal or snack provided—e.g., a provider that serves breakfast, snack, and lunch will receive three visits). Although the visits are designed to ensure compliance with the CACFP standards, interviewees shared that sponsors use a relationship-based approach that is intentionally supportive.

CACFP sponsors also meet with providers in advance of the fire marshal visit.[xxxiv] These meetings are called pre-approval visits and focus on helping providers pass inspection. In this vein, interviewees shared that CACFP sponsors work closely with providers to prevent possible violations. For example, interviewees shared that this could include providing financial assistance for the $30 fire marshal inspection fee or purchasing fire extinguishers or smoke detectors. Interviewees noted that funding for this type of assistance can come from the CACFP, which provides a one-time grant of up to $300 to enable providers to meet registration and fire inspection standards. They also shared that money is often "tight," for providers, and this type of assistance can make the difference between providers' ability to serve nutritious meals and/or operating "underground" or not being approved to provide care within a formal system that includes oversight and support.

Once a home has passed the fire inspection, subsequent visits are geared toward ensuring that children are in safe and nurturing environments and are well-fed, which interviewees described as indicators of high-quality care.

Training and technical assistance

LDOE staff supply information and training to CACFP sponsors and staff. CACFP sponsor agencies and fire marshals also train sponsors, and in turn, local sponsors provide annual training to HBCC providers in groups and one-on-one. Interviewees shared that sponsors also provide assistance over the phone so that problems can be resolved promptly. They noted this strategy is particularly important for issues related to payment, as an error with a meal could result in non-payment under CACFP rules. In short, interviewees

noted that each monitoring visit is viewed as a possible opportunity to provide training and technical assistance.

Implementation successes and challenges

Information from interviews on Louisiana's approach to CACFP participation provide insight into successful approaches, as well as challenges, for states examining their CACFP practices.

Successful strategies for involvement

- **CACFP monitoring staff are long-standing sponsor agency employees who use relationship-based approaches to connect with providers.** Interviewees reported that CACFP sponsors were trusted by providers, in large part because they have been in their positions for many years and actively work to engage with providers based on their circumstances. Interviewees reported that CACFP rules and their staff's approach provide the supports they need to participate in the program and improve in quality. Interviewees attributed the high number of CACFP participants in Louisiana to these relational and strengths-based approaches to interactions.
- **Utilizing the CACFP to support licensed and licensed-exempt HBCC providers in areas of need not related to the food program.** Interviewees felt that the CACFP is a necessary support for HBCC providers, who, given the high rates of poverty and low-wage work in Louisiana compared to other states in the country, otherwise may have struggled to provide nutritious meals for children.[xxix] Interviewees also reported that in the absence of the CACFP program, HBCC providers would still care for children; however, they felt that the CACFP is a critical resource for making sure providers are able to offer nutritious food options for children. Moreover, the additional assistance given to support providers' ability to strengthen the quality of care they give would not be available if not for the CACFP.

Challenges for involvement

- **Distrust of the program from other family members.** Interviewees noted that the attitudes or perceptions of other members in the provider's household, can present challenges. For example, interviewees shared that providers whose partners receive cash for pay are sometimes concerned about government involvement in their home, even when that involvement focuses specifically on child care. This distrust has led to some HBCC declining participation in the CACFP.
- **Fragmentation between the CACFP and the child care and early childhood education administration.** While the CACFP and child care and early education administration are both housed under LDOE, interviewees shared that collaboration does not occur often. Interviewees also shared that CACFP sponsors and CCR&Rs do not interact. This can present challenges for connecting HBCC to opportunities for compensation and other supports, and for decision-makers who are unaware of the volume of HBCC in the state.

Key CACFP policy takeaways from Louisiana

Examination of Louisiana's CACFP approach suggests several areas for supporting HBCC providers through the food program, and ideas for future considerations for other states interested in supporting HBCC through involvement in the CACFP:

- **Clarify the voluntary registration process and its benefits.** Clarity among state agency and local leaders about the role and purpose of registration, the roles of the Office of Licensing and the CACFP could help unify processes, terminology, approach, and goals. Coordination among agencies could

support providers registered through the CACFP to become connected with state licensing supports and could help bring more providers into the state's registration system.

- **Promote relationship-based monitoring and support**. Interviewees highlighted the importance of relationship-based monitoring and support in building trust with HBCC providers and helping them stay connected with the CACFP. Despite the time and resources required to conduct this work, interviewees felt that this type of monitoring and support are key to the program's success.
- **Incentivize involvement in regulation by tailoring it for HBCC settings and experiences.** Interviewees noted the importance of acknowledging the differences between home-and center-based child care settings and ensuring regulatory standards reflect the variation. Technical assistance can help providers stay up to date on regulations and understand the changes they need to implement to continue complying with licensing. CACFP sponsors have connections with HBCC providers and may have insight into approaches that have the potential to work well for them.

The Policy: Supporting HBCC through Technical Assistance for Licensing

Introduction

State licensing systems oversee center-based and HBCC settings to ensure providers meet baseline requirements for health, safety, and other areas prioritized by states. The majority of HBCC providers are not licensed, resulting in less connection to state systems.[ii] Technical assistance may be one approach to helping HBCC providers engage with and navigate the licensing system. In our policy scan, we found that states varied in the number of technical assistance supports they provided for licensing. The data indicated that **Minnesota** offered eight technical assistance supports for licensing; however, interviews with key stakeholders in the state demonstrated nuances in what appeared in the data versus how and by whom technical assistance for licensing is implemented on the ground.

Key Facts: Minnesota

44 percent of available child care slots in Minnesota are in licensed HBCC settings.

Minnesota offers **eight technical assistance supports** for licensing.

Defining HBCC in Minnesota

Minnesota legislation uses the terms family day care and group family day care in their policies governing the regulation of HBCC settings; however, licensing guidelines available for providers[9] use the terms "family child care" and "group family child care."[xxxv] In statute, HBCC providers are defined as:

- **Family day care:** Care provided to 10 or fewer children, of which 6 or fewer are under school age. The total number of children includes the provider's own children when they are present in the home.
- **Group family day care:** Care provided to 14 or fewer children, including the providers' own children when they are present in the home. [xxxvi]

The minimum group size for a licensed family child care provider is two children.[iii]

In Minnesota, the following types of care do not require a license:

- Care provided only to children related to the provider,
- Care provided to children from the same individual family, and
- Care provided for less than 30 days out of the year.[xxxvii]

HBCC and licensing in Minnesota

Minnesota is a midwestern state with a population of just under 5,640,000 residents,[xxxviii] including over 350,000 children under the age of 5.[xxxix] Of these children, just over 5,000 are Native American, representing approximately 1.4% of the population of Minnesota's young children.[xl] An analysis of 2019

[9] In alignment with the National Association for the Education of Young Children's Power to the Profession framework, Minnesota also uses the term "educators" when referring to individuals working in center-based and HBCC settings. This report uses the term "providers" to provide consistency and ensure clarity throughout the report.

data found a need for child care throughout the state. While there were sufficient slots in some areas of the state, other areas had more children ages 5 and under than slots available for those children in licensed child care settings.[xli] This analysis does not include the availability of care provided by FFN.

In Minnesota, 42 percent of available licensed child care slots in the state are in licensed HBCC settings;[xlii] in 2019, 15 percent of children receiving child care assistance funding were enrolled in HBCC.[xli] As in many states around the country, Minnesota's supply of licensed HBCC providers has been decreasing; however, the decline has been slower than the overall national rate. Between 2014 and 2017, the number of licensed HBCC providers in Minnesota decreased by 16 percent, compared to a national loss of 24 percent.[xli] Still, from 2015-2019, the number of licensed HBCC providers closing exceeded the number of licensed HBCC opening each year.[xli] Additionally, HBCC made up a smaller percentage of the state's child care capacity in 2019 than it did in 2015.[xli]

Child care licensing

Child care licensing in Minnesota is housed under the state's DHS, which oversees licensing for center-based child care; however, DHS delegates oversight of state licensing requirements for HBCC providers to county offices.[xliii] While the same state regulations around licensing apply in all counties, counties have control of implementation, monitoring, and enforcement of those regulations. This includes conducting licensing inspections and investigating alleged licensing violations. DHS provides oversight, training, and technical assistance to county agencies that oversee HBCC licensing, including webinars and in-person training opportunities.[xli]

After many years of discussion, Minnesota convened a Family Child Care task force in 2019 that included family child care providers, enrolled families, FCC provider association representatives, licensors, and others. The task force was charged with examining licensing and other child care regulatory challenges and proposing recommended changes. [xli] The same year, less than 20 percent of licensed HBCC providers had any documented violations or citations during their required, once a year licensing visit.[xli]

Child care providers who serve children on or near tribal lands in Minnesota can elect to be licensed by Tribal Governments, who provide oversight and technical assistance on regulations and standards. Technical assistance for tribal licensors is provided by the federal government, rather than the state, through direct funding from CCDBG to tribes.

Minnesota's approach to technical assistance for licensing

As mentioned in the introduction, our team selected Minnesota due to the eight technical assistance supports provided for licensing identified in the 2017 National Center on Early Childhood Quality Assurance (ECQA Center) data:

- Achieving compliance with regulations,
- Improving quality and exceeding minimum regulations,
- Addressing specific noncompliance issues,
- Providing resources about noncompliance issues,
- Providing training to multiple programs,
- Providing resources based on research,
- Providing training on noncompliance issues, and

- Providing resources on noncompliance issues.

The Minnesota statute for licensing does not require licensors to provide technical assistance; however, some counties' licensors or individual licensors choose to offer technical assistance as part of their licensing approach. Interviews with early childhood stakeholders in the state indicated that technical assistance for licensing is primarily provided by regional CCR&R centers, with some licensors choosing to provide technical assistance across counties. Tribal nations provide technical assistance to HBCC providers licensed under their regulations. In addition, Minnesota uses grant funding from the CCDF through their quality set-aside to fund Minnesota Tribal Resources for Early Childhood Care (MNTRECC). MNTRECC provides support to tribal child care programs, including HBCC providers, throughout the state.[xliv]

State and county approach

Minnesota's licensing commissioner is tasked with providing technical assistance to county agencies regarding the licensing process.[xlv] According to interviews, some of this technical assistance focuses on helping county licensors and providers understand changes to licensing regulations. For example, the state licensing agency shares information about legislative changes with providers and county licensing, highlights changes, specifies what providers need to do to be in compliance and what county licensors should be looking for, and allows time for providers to come into compliance with new regulations.

According to interviewees, the state has also developed several electronic resources to support both providers and licensors in recent years. For providers, the state has developed a website to submit questions about rules and statutes to the commissioner. For licensors, the state developed a mobile compliance tool that licensors can use in the field to view a compliance database and record citations. While this is not an active technical assistance tool, according to interviewees, the state may be able to use it to better understand the types of citations occurring and areas in which licensors or HBCC providers may need additional technical assistance to comply with regulations.

Interviewees shared that at the county level, delegated licensing agencies have discretion to implement technical assistance for licensing, resulting in variances in the approach to and type of technical assistance offered across the state. Technical assistance by county licensors occurs during annual licensing visits, but the state does not collect data on counties' technical assistance approaches or strategies. This bifurcation between the state and county leads to a lack of information about the strategies that different county licensors use to provide technical assistance.

CCR&R regional approach

Minnesota's CCR&Rs facilitate training and technical assistance for child care providers within different regions of the state. According to interviewees, state funding for technical assistance provided by CCR&Rs has largely shifted toward coaches for the state's QRIS, Parent Aware. Some CCR&Rs, however, have leveraged private grant funding to develop programs aimed at providing licensing technical assistance to providers in their counties.

One example of an approach comes from the CCR&R for the metro Twin Cities region in Minnesota, Think Small. Think Small offers a Build Your Own: Child Care Program aimed at licensed family child care providers who are looking to either establish or expand their business. The program includes consultation and training on a range of topics, including navigating the licensing system and connecting with training and professional development required for licensed family child care providers.[xlvi]

Another example comes from Families First of Minnesota, the CCR&R for the southern region of the state. Families First's Child Care Consultation Program is available to family child care providers who are in the process of becoming licensed, have recently become licensed, or are expanding their child care business.

Like Think Small's program, it includes training and technical assistance related to licensing. The program also provides funding to reimburse trainings required for licensing.[xlvii]

While CCR&Rs in the state are able to provide some technical assistance and coaching related to licensing, interviewees noted that they also reach out to licensing staff with questions from HBCC providers that require outside input. While it varies by county, interviewees noted that in many cases, CCR&Rs work separately from licensing. Additionally, interviewees shared that there is little coordination between QRIS and licensing.

Implementation success and challenges

Information from interviews on Minnesota's approach to licensing at the state and county level provide insight into successful approaches to technical assistance for licensing, as well as challenges and considerations for other states, locales, and tribes interested in this type of approach.

Successful strategies for technical assistance for licensing

- **Clear communication and planning with HBCC providers about licensing regulation changes.** Interviewees shared that the state's approach to providing accessible, plain-language guidance around licensing changes helped HBCC providers and licensors navigate changes. The state develops implementation plans for legislative changes to support HBCC providers and licensors with licensing, which include four key pieces: 1) the text of the law, including changes; 2) an overview of the changes; 3) implications of each change for providers; and 4) guidance for licensors on monitoring changes.[xlviii] One interviewee emphasized that HBCC providers are not trying to take shortcuts with regulations and compliance, but that they want to understand the regulatory frameworks. They also shared that this shift toward clear guidance around changes aligned with state listening sessions, in which providers shared that they wanted more transparency around the licensing process. Interviewees also discussed successes in phasing in regulatory changes to allow providers time to understand new policies and make adjustments before being held to new regulatory standards.
- **Coordination between licensing, quality, and other early childhood departments.** Interviewees also discussed the importance of coordinating between key early childhood stakeholders to provide successful licensing technical assistance. Coordination, when it happens, has been helpful for regional CCR&R programs focused on technical assistance for licensing and other small business supports. In counties where CCR&R staff have been able to build relationships with licensors, interviewees shared that this has facilitated getting the word out to providers about their programs. In addition, they have been able to reach out to licensors to facilitate connections with the HBCC providers on their caseload. The MNTRECC also provides an example of coordination across state systems to deliver support for HBCC providers.

Challenges for technical assistance for licensing

- **Navigating a decentralized system.** Minnesota's county-level licensing delegation system can introduce challenges to streamlining and standardizing technical assistance for licensing. As interviewees shared, the state does not have detailed information about the type of technical assistance provided by licensors across counties to the HBCC providers they regulate. The state is working on gathering more data on common challenges with the goal of assisting licensors and HBCC providers with areas needing support. Interviewees, however, shared that county licensors also need more guidance on how to operationalize technical assistance within the regulatory framework to better understand what approaches and strategies for technical assistance are allowed and advised.

- **Separating licensing from quality initiatives.** In addition, the state's separation of licensing and quality oversight can pose challenges for coordinating the support that is available to HBCC providers. CCR&Rs, which oversee QRIS coaching, are not funded by the state for licensing technical assistance, which interviewees highlighted as a challenge. While private grant funding has facilitated licensing technical assistance programs in some regions of the state, there are still challenges with coordinating supports and connecting with HBCC providers when states and counties oversee licensing, but licensing technical assistance programs are being implemented by CCR&Rs. Furthermore, as one interviewee noted, providers are often receiving different information from the state, county, and CCR&Rs, which can result in mixed messages and confusion.

Key licensing policy takeaways from Minnesota

Licensing is a baseline regulatory structure for HBCC providers interested in serving certain numbers of children and serves as a bridge to different state systems. Examining Minnesota's technical assistance and licensing system provides insight on several recommendations for other states interested in supporting HBCC providers through technical assistance for licensing:

- **Provide technical assistance for licensors and HBCC providers on regulatory changes.** This type of technical assistance can help providers stay up to date on regulations and understand the changes they need to implement to continue complying with licensing regulations. It can also help licensors understand what to look out for when conducting regulatory visits and areas in which HBCC providers may need more information or resources to ensure compliance.
- **Promote coordination between licensing, quality, and other early childhood systems.** Coordinating technical assistance strategies, information sharing approaches, and messaging can help HBCC providers better understand guidelines and access the support they need to fulfill licensing requirements.
- **Fund technical assistance for licensing.** Minnesota's CCR&Rs provide technical assistance for the state's QRIS, but have less state funding available to support technical assistance for licensing. Several CCR&Rs in the state are implementing programs for licensing technical assistance that could provide models for state-level programs. While technical assistance aimed at boosting quality is important, licensing is the first hurdle toward entering the field and connecting with supports for quality. Funding technical assistance for licensing can build the foundation for HBCC providers to grow.

The Policy: Integrating Licensed HBCC into Quality Rating and Improvement Systems and State Pre-K

Introduction

QRIS are state-based structures to improve and assess quality in early care and education. QRIS often aim to increase professional development opportunities for providers, align various aspects of the early care and education (ECE) landscape (e.g., licensing, subsidy, and Head Start), and increase parent awareness of and demand for high quality care. Most QRIS were originally developed with a focus on center-based care.[xlix] As a result, HBCC providers in many states have missed out on the opportunity to participate or have been misrepresented in their QRIS rating. In **Indiana**, the state designed QRIS and pre-K systems intentionally to include HBCC providers and has gathered feedback from providers as different phases of each system have been implemented.

Key Facts: Indiana

31 percent of available child care slots are in licensed HBCC settings.

76 percent of children receiving CCDF subsidies attend a QRIS-rated program.

Defining HBCC in Indiana

Indiana refers to HBCC as child care homes. The state has two classes of child care homes that are recognized:[l]

- **Child care home:** Care provided in a residential structure regularly for pay, for at least six children unattended by their parent, legal guardian, or custodian; and for between four and 24 hours during any 10-day consecutive period within a year (excluding weekends and holidays). Children for whom the provider is a legal guardian and children 14 years of age and older who do not require child care are excluded from the total number of children in care.
    - **Class I child care home:** Serves up to 12 children under school age plus three school-age children who are enrolled in full-day kindergarten at any one time.
    - **Class II child care home:** Serves between 13 and 16 children at any one time.

HBCC and early learning systems in Indiana

Indiana is a midwestern state with a population of over 6,730,000 residents,[li] including over 420,000 children under the age of 5.[lii] A 2017 analysis of Indiana's child care capacity found that many parts of the state had low capacity for meeting child care needs or were child care deserts.[10] The study examined just over 1,500 tracts—Census-defined areas of between 2,500 and 3,000 households within a particular county—to determine the availability of care. The study defined 149 tracts (10 percent) as child care deserts

[10] Child Care Aware defines child care deserts as "areas or communities with limited or no access to quality child care." (Source: Malik, R., Hamm, K., Schochet, L., Novoa, C., Workman, S., & Hessen-Howard, S. (2018). *America's Child Care Deserts in 2018*. Washington, DC: Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/.)

and 500 tracts (32 percent) as low capacity.[liii] Both child care deserts and low-capacity tracts had minimal child care slots; however, low-capacity tracts had higher numbers of parents in the workforce and a higher ratio of labor force to available jobs. The analysis examined the availability of child care centers, child care homes, and ministries.[11]

In Indiana, 31 percent of child care slots are in licensed HBCC settings.[liv] HBCC providers are included in the state's QRIS, Paths to QUALITY, as well as the state's pre-K pilot, On My Way Pre-K. Both programs are overseen by the state's Office of Early Childhood and Out-of-School Learning, housed within the Family and Social Services Administration (FSSA).

State systems for early learning

Paths to QUALITY is a voluntary program open to all child care providers.[lv] In 2017, 76 percent of children receiving child care assistance through the federal CCDF attended a Paths to QUALITY child care program.[lv] The majority of HBCC providers participating in Paths to QUALITY were rated at Level 1—the lowest level of the system.[lv] Providers at Level 1 have been deemed to be meeting baseline health and safety standards as identified by the QRIS. While the system was designed with input from HBCC providers, they were least likely compared to child care centers and registered ministries to advance within the QRIS between 2010 and 2017.[lv]

On My Way Pre-K supports pre-K enrollment for low-income[12] children by providing grants to 4-year-olds to enroll in high-quality preschool programs the year before kindergarten entry.[lv] In 2020, 363 licensed homes were participating in the program.[lvi]To be eligible as an On My Way Pre-K site, HBCC providers must be licensed, meet the state's CCDF provider eligibility standards and be rated at a Level 3 or 4 on Paths to QUALITY.[lv] In addition, all pre-K sites including HBCC are required to secure a 5 percent funding match from community partners—for example, local or community foundations and local businesses.[lvii]

Indiana's approach to integrating licensed HBCC into state early care and education systems

Indiana's QRIS and state pre-K programs were designed from the outset to fit the needs of a multi-setting early care and education system that includes HBCC providers. When asked about the state's reasons for ensuring HBCC involvement in these systems, interviewees spoke to the state's emphasis on the importance of parent choice in care and education decisions, not only at the early childhood level but through the K-12 system as well. In addition, they noted a high reliance on HBCC in the state, particularly in Indiana's rural areas.

In Indiana, including HBCC providers in QRIS and pre-K systems did not only mean allowing them to participate, but also meant that the state ensured opportunities for HBCC providers to provide input on the design of both systems. In the case of the QRIS, interviewees noted that its development grew out of a grassroots effort funded by a philanthropic organization rather than being developed by the state and implemented from the top down. Implementation of the QRIS during the pilot, for example, occurred with providers from all settings, who then gave input on the process. HBCC providers who participate in QRIS are eligible for tiered reimbursements based on their independently rated quality level, which interviewees noted was identified as a positive incentive for QRIS participation by providers.

[11] Ministries are a category of care in Indiana encompassing child care operated by a church or religious ministry as defined under Section 501 of the Internal Revenue Code.
[12] Defined as below 127% of the FPL.

Indiana's QRIS system, like many states' systems, has separate standards for home- and center-based settings.[lviii] HBCC providers are eligible for funding incentives tied to quality participation, including tiered reimbursement based on quality level,[lix] as well as one-time payments received after reaching each level.[lx] Participation in QRIS is mandatory for programs receiving pre-K funding, including HBCC[lviii] and providers must be at a level 3 or 4 (out of 4 possible levels) in the QRIS to be eligible for funding.[lxi]

The pre-K system also began at a local level before expanding throughout the state and included HBCC provider voices. Interviewees shared that the program began in five counties before expanding into a larger group of counties and then to the state level. During the pilot phase, HBCC providers in counties applying for the grant were often involved in the coalitions that developed the applications. Since pre-K participation requires providers to be rated in the QRIS, interviewees noted that pre-K has promoted HBCC involvement in the quality system.

Moreover, the state has systems in place to gather ongoing feedback and input from providers. The Office of Early Childhood and Out-of-School Learning has a state-mandated Licensed Home Advisory Committee that meets quarterly to provide input on the implementation of regulations related to HBCC.[lxii] The state also convenes provider groups to provide input into new processes and changes. As an example, one interviewee shared that when the state made changes to their technical assistance system for QRIS, they had councils of HBCC providers that helped inform implementation.

Implementation success and challenges

In interviews, stakeholders in the state shared reflections on the successes and challenges with HBCC involvement in the state's QRIS and pre-K systems.

Successful strategies for involvement

- **Ensuring provider voice in the development of policies and appointing advisory groups at the state level.** Interviewees highlighted the ways HBCC providers were involved in providing input on the development of systems, including provider councils, involvement in planning coalitions for grants, and the state-mandated advisory committee. Interviewees noted that in the absence of supports like this, HBCC provider voices can be drowned out by representation from larger child care centers, making it challenging for them to shape policies and systems.
- **Putting supports in place specifically tailored to HBCC providers.** In Indiana, interviewees noted the importance of prioritizing supports specifically tailored for HBCC providers. For example, one of Indiana's CCR&Rs developed a cohort model to support HBCC providers as they moved through QRIS. They hired coaches specifically to work in HBCC settings, noting that this practice facilitated familiarity with the setting. In addition, to better meet the needs of these providers, interviewees shared examples of the ways in which their coaches adjusted their approach to accommodate HBCC providers, such as making time to support providers on weekends. Interviewees felt that this type of targeted support helped facilitate HBCC involvement. Additionally, the state is working on developing systems to facilitate connections between HBCC providers as part of their new TA system in response to feedback from providers, many of whom work in rural counties, who shared that they feel isolated from others in the field.
- **Building incentives for participation into systems.** Interviewees noted that incentives for participation help facilitate HBCC involvement in state systems. For QRIS, interviewees shared that tiered reimbursement was particularly helpful. Home-based provider eligibility for pre-K was also an incentive for QRIS participation in some cases because of requirements for pre-K sites to be QRIS rated. An interviewee shared that in rural communities QRIS and pre-K participation rates were higher since many families had been going to the same HBCC provider for generations, making providers more

motivated to participate in the QRIS because parents did not want to make changes to their care arrangements. Interviewees also noted that providers who do not choose to participate in pre-K often do not take families on subsidy and have waiting lists for enrollment, and as a result, they do not view the incentives as a benefit.

Challenges for involvement

- **Communicating with providers about the requirements for systems participation.** One interviewee noted initial pushback from HBCC providers entering the pre-K program about the requirement that they become QRIS rated. In particular, they noted questions from providers about why they needed to be rated and whether the state did not trust that they were high quality. In many cases, the state was able to communicate that they did believe in the quality of the providers, but that it was a requirement of the pre-K grant they needed to fulfill. However, in some cases, interviewees shared that there are providers who have chosen not to participate based on this mandate.
- **QRIS standards tailored to center-based settings.** While the state's QRIS system has different standards for HBCC and center-based providers and included input from HBCC providers during development, there are still standards for HBCC providers that are more reflective of center-based settings. For example, during interviews we learned about situations such as HBCC providers being penalized in the rating system for not having the children within "sight and sound," when answering the door. It was also noted that developing the HBCC QRIS standards simultaneously with the center-based standards meant that some differences were overlooked in the process.
- **Lack of outcomes data.** Interviews also illuminated that understanding the impact of HBCC involvement in pre-K was a challenge for state leaders due to the lack of available data on child outcomes across settings. While they noted that HBCC providers are easily able to participate in the system, they said that there were not measures in place to understand achievement outcomes for children who attend HBCC sites or other pre-K.

Key licensing policy takeaways from Indiana

HBCC participation in state systems like QRIS and pre-K has the potential to improve access to quality early childhood education programs for children, particularly those who live in rural areas and rely on HBCC as a core form of care. Indiana's approach to HBCC involvement has several lessons for successful involvement:

- **Implement mechanisms to ensure provider voice in the development and adaptation of systems.** Developing mechanisms to elevate HBCC provider voices during the development of systems can help ensure that systems reflect their unique circumstances and that their voices are not overshadowed by larger, center-based providers. At the state level, creating an HBCC advisory group within the Office of Early Childhood and Out-of-School Learning has enabled provider voices to be heard regularly, including opportunities to share ongoing feedback on the state's policies and practices. In addition, it is important to involve HBCC providers in advisory groups or other structures to inform ongoing adaptations to standards and supports, as those arise.
- **Tailor supports to meet HBCC providers' needs.** Even when systems are designed to include HBCC providers, providers may need different types of supports for success than their center-based peers. HBCC providers are often the only provider in their setting and work extended or flexible hours to meet the needs of families. Making support available on weekends or evenings may help HBCC providers take better advantage of the resources being provided. In addition, acknowledging that not all coaches and technical assistance providers are comfortable in HBCC settings and hiring staff specifically for this population can help ensure that HBCC providers are receiving support from individuals that are knowledgeable about and comfortable in HBCC settings.

- **Include incentives for participation, including opportunities for connection and networking.** Financial incentives, like tiered reimbursements and grants, are one way to add benefits for HBCC providers who participate in systems and take on the extra work needed to comply with standards. In addition, many HBCC providers work alone and do not have opportunities to connect with others in their field. In rural areas in particular, HBCC providers tend to be geographically dispersed. Recognizing this and building in opportunities for HBCC providers to connect with each other is another way to help incentivize participation and ensure that participating providers have a peer network while they move through the system. This could also include virtual connections, in situations where it is geographically challenging to gather in person and for instances like the COVID-19 pandemic when in-person gathering is unsafe.

The Policy: Engaging Family, Friend, and Neighbor Care in Subsidy as a Crisis Response During COVID-19

Introduction

Due to the COVID-19 pandemic, a number of states are increasing support to child care providers, recognizing their critical role in caring for children and their families, particularly for families of essential workers. Some evidence points to an increase in reliance on HBCC as families seek out smaller settings for care.[lxiii,lxiv] A variety of states responded to this demand by enacting emergency legislation during the pandemic to provide financial support to FFN providers, including inclusion in subsidy systems. New Mexico has temporarily allowed FFN providers to receive subsidy funds for the duration of the COVID-19 emergency declaration. This presents an opportunity to examine the process of adapting a policy to support HBCC providers.

Key Facts: New Mexico

3 percent of available child care slots are in licensed HBCC settings.

56 percent of children receiving child care assistance funding are under kindergarten age (birth through 4).

Defining HBCC in New Mexico

New Mexico refers to HBCC as either a family child care home or a group child care home in their licensing regulations, depending on the number of children in care. Both of these types of home are required to be licensed by the state's regulations.[lxv]

- **Family child care home:** A private home where the licensee resides and is the primary educator, providing care, services, and supervision for fewer than 24 hours of a given day for 6 or fewer children.
- **Group child care home:** A home where the licensee resides and is the primary educator, providing care and services for between 7 and 12 children.

Providers who care for four or fewer non-resident children are not required to be licensed.[lxv]

HBCC providers in New Mexico can also be classified as registered family child care homes to receive funding from the CACFP or to participate in state and federal child care subsidy programs.[lxvi] These homes are defined as "the residence of an independent primary caregiver."[lxvi] While providers can register and receive CACFP funds without participating in child care subsidy programs, registered providers who participate in subsidy must also participate in CACFP.[lxvi] Providers who only participate in CACFP have fewer training requirements than those who participate in subsidy.

HBCC and subsidy in New Mexico

New Mexico is a southwestern state with a population of just under 6,730,000 residents,[lxvii] including over 118,000 children under the age of 5.[lxviii] In New Mexico, just 3 percent of child care slots are in licensed HBCC settings.[liv] Child care oversight, including for HBCC, is conducted by New Mexico's newly formed Early Childhood Education and Care Department (ECECD), which was created with bipartisan support during the 2019 legislative session and began operating on July 1, 2020. The ECECD consolidated early

childhood services previously overseen by different departments, including home visiting programs and early childhood education, into one centralized division. The department also oversees child care subsidy.

Prior to COVID-19, New Mexico used a set of priority criteria to determine eligibility and participation in the child care subsidy program. Priority families included:[lxix]

- Families receiving Temporary Assistance for Needy Families (TANF),
- Families at or below 150 percent of the FPL for income, with priority for children with special needs or disabilities, families experiencing homelessness, and teen parents,
- Families transitioning off the TANF program, and/or
- Families above 100 percent FPL but at or below 200 percent of FPL.

In addition, the state waived income and family copayment requirements for child protective services (CPS) child care and for child care programs for families at risk of CPS involvement.

A 2016 report found that a majority (56 percent) of children in New Mexico receiving child care assistance funding were children under kindergarten age (birth through 4).[lxx] Most children receiving child care assistance (91 percent) lived in single-parent households.[lxx]

New Mexico's approach to engaging FFN care as crisis response

In March 2020, at the onset of COVID-19, the governor of New Mexico declared a public health emergency. In response, the state implemented administrative changes to subsidy eligibility for both families and child care providers. For families, the state waived requirements that children's parents or guardians be employed, attending school, or participating in a job training program to be eligible.[lxxi] In addition, the state stepped in to cover the cost of copayments for families.[lxxii] Finally, the state made full time child care assistance available to first responders and health providers, and allowed families who choose to keep their children home to keep their subsidy eligibility.[lxxiii]

As mentioned earlier, FFN providers became eligible to receive child care subsidies and to enter the state's registration process. FFN providers interested in participating were required to have a background check for all family members in the home over the age of 18 and complete a three-hour, online health and safety training.[lxxiii] These policy changes, as well as changes for families, were designated to remain active for the duration of the public health emergency declaration in the state.

In interviews, stakeholders pointed to a lack of child care supply made more urgent by COVID-19 as one motivating factor for this change. In particular, stakeholders noted a lack of spaces available for infants in center-based settings, as well as an interest from parents and others for smaller child care settings given health concerns about gathering in larger groups due to the pandemic.

Stakeholders pointed to several methods that the state used to spread the word about expanded eligibility. As one example, the governor spoke about the importance of childcare for essential workers, regardless of income, in her updates on COVID-19. In addition, the governor, departments, and organizations that worked with children and families shared information about expanded eligibility. Interviewees noted that there has been a more recent spike in interest in the program from FFN providers, despite the option to participate being open to them at the outset of the crisis. They attributed this to the time needed to notify the target populations about new initiatives and approaches.

Implementation success and challenges

New Mexico's shift in eligibility criteria provides insight into the process of expanding a policy aimed at supporting HBCC providers to include FFN providers. Their experience highlights several successes and challenges for changing a policy and incorporating FFN in state systems:

Successes in FFN as crisis response

- **Having an inclusive view of the child care system.** Interviewees noted that HBCC providers are seen as part of the child care landscape in New Mexico. One interviewee pointed to the value that New Mexico's Hispanic, Native American, and Indigenous communities, as they described them, place on family and community care of children as one reason for HBCC being a common form of care in the state. Another interviewee raised that HBCC has always been part of the state's conversation around strategic planning for child care. They felt that this facilitated the inclusion of HBCC, including FFN care, as a crisis response strategy during the pandemic.
- **Increasing coordination between departments and agencies who advocate for child care.** Interviewees also pointed to coordination between departments as a facilitator for policy implementation, including the speed at which the policy was able to be implemented. Part of this stemmed from an increase in coordination across the government that occurred to address COVID-19 challenges. As an example, one interviewee shared that some staff from the state's CCR&R have been coordinating with the Department of Health regarding COVID-19 testing to ensure child care providers and families in care have access to tests. Another interviewee talked about the collaborative process of developing the plan. They shared a success with the governor deeming child care workers as essential workers, meaning the government would cover the costs of background checks and fingerprinting required for subsidy participation, which may otherwise have been cost prohibitive. Interviewees also shared that the ECECD's role as a central department for child care services facilitated coordination.

  Coordination and partnerships also have helped support families and FFN providers as the school year begins. One interviewee shared that there are efforts to connect public schools and child care providers as the school year begins and families to find care for children in available settings for before and after school. The department leading this effort has provided families with access to information about FFN providers available in their area, when available.

  Finally, interviewees spoke to the importance of strong advocates in the early childhood space as a facilitator for the focus on HBCC related to COVID-19, as well as potential ongoing interest in implementing policies more permanently. They highlighted ECECD and its lead staff as advocates, as well as other foundations and organizations offering programs to support providers.
- **Expedited systems, including online registration processes, for FFN providers.** Some systems developed to facilitate FFN and HBCC involvement in subsidy during the pandemic have the potential to support providers even after the pandemic ends. For example, accessing trainings and changes in the processes required providers to become registered to receive subsidy. Due to COVID-19, interviewees shared that many processes have moved online, which may improve accessibility for providers in rural areas who otherwise would have to drive long distances to submit forms. In addition, the state expedited the registration process to ensure providers were able to access subsidies as soon as possible. These types of changes, if sustained, could help support easier registration for FFN providers after the emergency declaration ends. Changes made to support the policy in light of the pandemic may be helpful in facilitating and laying the groundwork for adaptations in approach that are sustainable beyond the pandemic.

Challenges in FFN as crisis response

- **Providing information that reaches FFN providers.** While policy changes were implemented early in the pandemic, interviewees shared that it took some time for FFN providers to register and become connected with the subsidy system. Interviewees also noted challenges with registering providers and connecting to state systems prior to the pandemic. They pointed to the state's undocumented population as an example, sharing that these providers are hesitant to register given their status.
- **Supporting families and FFN providers with new processes.** Interviewees noted that the state provided plenty of guidance to FFN providers and families who were new to the subsidy system once eligibility expanded. Examples of technical assistance provided include a state-run hotline to provide support to essential workers and other parents receiving subsidy, as well as a toolkit developed by ECECD. These types of supports may help facilitate involvement for providers and families who previously were not connected to state systems.

Key crisis response policy takeaways from New Mexico

New Mexico's approach provides insight into the types of resources and supports that FFN providers and families using this type of care need for subsidy system involvement. It also highlights the processes and partnerships that facilitate policy changes. Key takeaways include:

- **Strong partnerships and advocates facilitate policy changes and continued advocacy for HBCC support.** The state's newly formed ECECD has centralized early childhood oversight into one department, facilitating efforts to support children and families. Engagement by this department, as well as other stakeholders involved in supporting HBCC providers through training, technical assistance, and coaching can help ensure policies reflect the needs of FFN providers.
- **Short-term policy changes can provide insights to potential long-term changes.** Interviewees shared that providers and families have found changes implemented due to COVID-19 very helpful in finding and accessing care. They also pointed to issues around availability of care for infants that the policy has addressed, which were prevalent prior to COVID-19 and enhanced during the pandemic. Policy changes implemented temporarily have provided insight into potentially supportive practices that could be sustained beyond the public health crisis.

Cross-Cutting Themes and Considerations

The case studies in this report provide insight into the implementation of five policies that hold the promise of being supportive to HBCC:

- Connecting FFN providers to compensation through subsidy, which has implications for the financial well-being of the most common type of HBCC used by children and families.
- Connecting license-exempt HBCC providers with funding and support for healthy and nutritious meals for children in their care.
- Supporting providers with licensing, a foundational requirement for many HBCC providers seeking to establish or expand their business and care for larger groups of children.
- Involving HBCC providers in state systems that aim to promote quality improvement, potentially expanding the availability of high-quality care for families who use HBCC.
- Temporarily engaging FFN providers in subsidy systems in response to crisis, which may provide a model for integrating providers into systems beyond COVID-19.

Across case studies, we found that on the ground practices that support the implementation of policies are critically important to achieving policy goals. We highlight cross-cutting themes related to these practices and draw on the lessons learned to provide considerations for ways that philanthropy and other key stakeholders might engage to better support HBCC through state level policy.

Policy, practices, and context are interconnected, and all are important for supporting HBCC.

This report highlights promising HBCC-focused policies, as well as the practices used to operationalize them. The policies are driven by administrative rule, regulations, and/or laws that are set forth by states to guide day-to-day actions related to HBCC. Practices, on the other hand, are the approaches used to achieve successful implementation of policies. Importantly, the case studies highlight that good policies alone, are insufficient for supporting HBCC. Policies are integrally linked to and must be supported by effective implementation practices. Moreover, state context also plays a significant role in the development, interpretation, implementation, and funding of child care policies, including those related to HBCC. Based on case study data, these three issues combined, appear to be the foundational components for successfully supporting HBCC at a state level.

Stakeholders interested in HBCC should consider:

Examining HBCC policy implementation to identify and develop promising practices, test implementation approaches, and identify the components necessary for scaling-up and replication. As described throughout this report, promising policies for HBCC do exist at the state level. The challenge, however, is while these policies have been operationalized and proven useful in select states and HBCC settings, there is generally limited experience with their application in other contexts. This may be in part, because policy creation and policy implementation are so complex, and outside of a federal context, HBCC policies are typically not designed for widespread practical use. Priority could be given to supporting the development of HBCC policy implementation models that are connected to evidence-based implementation practices,

including attention to contextual issues such as the diversity of HBCC populations where the policy will take place.

States use different definitions for HBCC.

HBCC includes a variety of arrangements and can be defined differently across and within states. Regulatory status is frequently used to make distinctions between groups of HBCC[lxxiv] and, in fact, our case studies drew on this distinction in our definition of providers. The challenge, however, is state regulatory differences limit the usefulness of this distinction. For instance, HBCC providers required to be licensed or registered in one state may not have the same requirements in another state depending on factors such as the number of children in their care. The end result is an inability to compare "apples to apples" which can inhibit the ability to design, implement, and assess supportive HBCC policies and practices.

Stakeholders interested in HBCC should consider:

Supporting a comprehensive review, documentation, and analysis of HBCC definitions across the country including in-depth interviews with a broad range of providers. The activities completed for this current project have laid the foundation for this consideration. The next step would be to further identify distinctions between subgroups of HBCC providers to understand if there are common characteristics or variables that might help to better identify the strengths and needs of particular groups. For example, in a special issue journal article focused on HBCC, researchers found that "a provider receiving payment to care for only one unrelated child would be required to be registered in Oregon . . . licensed in Delaware, and . . . legally license exempt in California.".[iv] As identified in this report, engagement with systems may be experienced very differently across states but might also vary considerably based on provider's characteristics, motivation for entering and remaining in the field, or other factors. Understanding what these variables are, how providers' definitions and perspectives of themselves align with state definitions, how different or similar they are to what is articulated in policy, and how they are experienced "on the ground" can help inform the development of both policies and practices to support a range of HBCC providers.

Communication and strong relationships support promising HBCC policies.

Interviewees repeatedly highlighted the importance of building relationships with HBCC providers and communicating with them about their needs and preferences in developing supportive policies. Indiana provided an example of how to implement ongoing feedback systems, convening a quarterly HBCC advisory group to provide feedback on policies. In other states, conversations with HBCC providers informed how systems were developed and highlighted challenges in policies that may need to be addressed.

Stakeholders interested in HBCC should consider:

Supporting HBCC networks, Communities of Practice (CoP), and/or other collaborative models that foster ongoing communication with HBCC providers. Opportunities for HBCC providers to interact across settings and disciplines with individuals they trust came through clearly as an important case study theme. The recently launched, Family Child Care Policy Cohort (Policy Cohort) model, which is offered through All Our Kin (AOK), provides an example of how these types of collaborative models can operate across different contexts. The AOK Policy Cohort provides opportunities for state and local stakeholders, including HBCC providers to design and implement policies supportive of HBCC within their respective states and locales.[lxxv] By participating in the Policy Cohort, attendees are afforded the luxury of having dedicated time

to think and plan with their peers about issues of importance related to HBCC. Opportunities are also available for cross communication, information sharing, learning, and collaboration with other cohort participants across the country. Key to the Policy Cohort and other collaborative approaches focused on strengthening HBCC policies and systems, should be a recognition and attention to the heterogeneity of the HBCC profession. The inclusion of a broad base of constituents in these type of networks including HBCC providers and champions within states and locales that have the power to see policy changes through,[lxxvi] are hypothesized to ensure that the diversity of their experiences can not only be articulated and understood, but also reflected in initiatives and policies for HBCC.

Systems alignment facilitates policy implementation and supporting HBCC providers.

Some states profiled in these case studies spoke to successes in policies facilitated by coordination and alignment between state and local systems. In New Mexico, for example, the newly developed ECECD streamlined oversight of early childhood programs in one cabinet-level department. This department was involved with the state's crisis response plan and helped to ensure FFN providers were not left out. In other states, challenges with policy implementation on the ground related to fragmentation between state systems. In Minnesota, for example, stakeholders spoke to challenges with the separation between state licensing systems and QRIS, limiting the ability to coordinate technical assistance between licensing and quality. In Louisiana, a disconnect between the CACFP and the state means that there are providers involved in the food program but not known to or registered by the state, and the strong relationships between CACFP sponsors and providers are not leveraged for other systems work. Facilitating coordination between the systems and departments that interact with HBCC providers is an important piece of implementing promising practices.

Stakeholders interested in HBCC should consider:

Advocating for and advancing policies that promote HBCC systems coordination at multiple levels. Coordination between state and local early childhood stakeholders, as well as between practitioners on the ground who support HBCC providers through training and technical assistance emerged from these case studies as an approach with the potential to better align policies and services designed for HBCC. Looking to states and locales with successful coordination, and strategically replicating and scaling these practices not only promotes collaboration, but also has the potential to advance policy making by having multiple key players on the same page. Based on what we learned, efforts at alignment should also consider varying philosophies across agencies and how these differences impact the training and/or support that might be needed for staff. For example, the case studies highlighted that compliance-focused monitoring that occurs in licensing or via programs like the CACFP, can be viewed punitively or as an opportunity to provide resources and support to providers. Moreover, attention to a lack of alignment in messaging between agencies appears to be important. Addressing these issues concretely could occur through activities such as targeted training and cross walking standards and indicators across agencies that serve HBCC.

Policy data provides insight into practice, but on-the-ground perspectives are crucial for understanding nuance.

A review of state policy data informed the selection of policies and states for this report. However, interviews with key stakeholders provided insight into differences between what appears in policy and how those policies are implemented on the ground. In Minnesota, for example, data indicated the state provided

eight technical assistance supports for licensing, but stakeholders shared that the level of technical assistance and approach to technical assistance vary by county. In addition, the database looked at state policies, but did not collect information about policies in tribal nations, which have separate licensing systems. In Indiana, data indicates that HBCC providers are more likely than other types of providers to be at the lowest level on the state's QRIS and are least likely to move up the system; however, conversations with stakeholders highlighted the ways in which the state has supported providers with QRIS involvement and considered their unique needs from the outset of designing the framework. In addition, many HBCC initiatives occur at the local level. For example, Minnesota stakeholders shared efforts to provide technical assistance for licensing within different CCR&R regions. Speaking with stakeholders on the ground provides important insight into what a policy looks like in practice, including its successes and challenges.

Stakeholders interested in HBCC should consider:

Gathering data on FFN providers to better understand outcomes of involvement in state systems. Data on FFN providers is limited since they tend to be less connected to state systems, and when they are connected, have fewer regulatory and monitoring requirements. This is an area in which other research is underway to explore the landscape and gain a better understanding of the universe of HBCC providers including those not known to states or connected to systems.[lxxvii] The challenge, is that findings from this work will not be available for several years. In the interim, working with state leaders to understand what kind of data they collect on FFN participation, quality and outcomes, and building their capacity to analyze or expand that data collection could provide insight into the effectiveness of supports for this type of provider and inform state efforts more immediately. This is of particular importance in answering questions about ways state and local program requirements and policies affect the availability, supply, and compensation of HBCC providers, including access to resources and support. Understanding these issues is critical for working toward equity in the early care and education field more generally and for HBCC providers specifically.

Demand drives attention to and policy supports for HBCC.

Policy areas explored in this report highlight how demand for child care can raise up the importance of HBCC. In particular, the case studies have emphasized how the need for child care in more geographically dispersed communities has brought increased exposure to child care as an essential support for families. Moreover, insights gleaned from the case studies also seem to suggest that **locales with a heavy presence of HBCC tend to be more intentional about incorporating home-based provider perspectives into policies and practices.** Finally, the impact of the COVID-19 pandemic also appears to have shifted the public's attention to the importance of HBCC as a critical family and workforce support.

Stakeholders interested in HBCC should consider:

Leveraging the need and demand for child care and the momentum currently occurring around HBCC to advocate for developing and sustaining policies that are inclusive and supportive of home-based providers. Child care is an essential support that helps parents enter and stay in the workforce. The pandemic, in particular, has highlighted the fragility within the child care system, as well as the benefits that HBCC can offer for families in need of care during the current crisis. Families may prefer smaller and more contained settings and/or the flexibility that HBCC offers, including receiving care from family members. Stakeholders should take advantage of current policies like the inclusion of FFN providers in subsidy in New Mexico, to advocate for sustaining policies like this if evidence indicates they are successful. Understanding how policies are unfolding and their success can occur through the use of methods like rapid cycle

evaluation, coupled with studies that examine the impact of particular policies or combinations of policies over time.

Conclusion

In summary, the findings from this work suggest that key stakeholders and philanthropy, more generally, have an important role to play in the support of HBCC. Investments in practice, policy, research, and advocacy, and a focus on learning that is already taking place, as well as innovation, can leverage the current momentum and interest around HBCC and go a long way toward moving the field forward.

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